



## Nursing Home Weekly: Recap of LeadingAge Updates

October 30, 2020

**Staff loan programs and HHS official on Provider Relief on Monday, November 2 LeadingAge Call** - Join LeadingAge at 3:30 Eastern on Monday, November 2 for the LeadingAge Coronavirus Update Call. Building the resiliency of and supporting our staff through this COVID crisis is an ever-present challenge and focus for many LeadingAge members. If this hits home for you, don't miss Monday's call. Hear from Anne Levesque, HR Director for Wake Robin in Shelburne, VT, who will share a few of the innovative programs that her Lifecare LPC community offers their dedicated employees. These include a trio of loans programs that reduce life's stressors for staff by helping with payments for car repair, childcare, housing, food and other expenses. Funded through grants and local partnerships, the loans programs offer essential aid to employees while not creating a financial burden for Wake Robin. We also will be joined by Special Advisor to the U.S. HHS Secretary Nick Uhluecke, who will provide the latest updates on the federal government's Provider Relief Program. Learn about these, and more, when you join us for the call! If you haven't joined us for our Coronavirus update calls, you can [register here](#).

**New COVID IFR published.** An [Interim Final Rule with Comment Period](#) (IFC) was issued by the Departments of Health and Human Services (HHS), the Department of Treasury, and the Department of Labor. The rule covers the following topics:

*Vaccine Related Provisions:* the rule implements the provisions of the CARES Act related to coverage and payment for an eventual COVID-19 vaccine. There are provisions in the rule related to Medicare, Medicaid, and private health insurance.

*Updated policy for maintaining Medicaid enrollment during the COVID-19 PHE:* the rule discusses how CMS is interpreting the provisions of the *Families First Coronavirus Response Act (FFCRA)* related to the increased FMAP and maintenance of Medicaid enrollment during the PHE.

*Section 1332 waivers:* This rule creates flexibilities in the public notice requirements and post-award public participation requirements for State Innovation Waivers (section 1332 waivers) during the PHE for COVID-19.

*Enhanced Medicare Payments for new COVID-19 treatments:* These provisions relate to how Medicare will pay inpatient and outpatient hospital settings to encourage utilization of new, approved COVID-19 treatments.

*Price transparency for COVID-19 diagnostic tests:* Implementation of a CARES Act provision around publicizing cash prices for COVID-19 diagnostic tests.

*Extension of the Comprehensive Care for Joint Replacement model* for 6 months so that the model will end on September 30, 2021.

A fact sheet on the rule can be found [here](#) and we will provide more analysis in the coming days.

**CMS national nursing homes call** - A few reminders from the CMS national nursing homes call today: CDC has rescheduled training on the new NHSN Point of Care Test Reporting Tool. These trainings will now be held Friday, October 30 at 2pm ET and Monday, November 2 at 12:30pm ET. You will access the registration for these webinars [here](#) under "Training". Also a reminder that while enforcement discretion will be exercised until November 20 on this reporting requirement, it appears that discretion will only apply to those who have been unable to report through NHSN due to a lack of Level 3 access and who have initiated the process to upgrade. Providers with Level 3 who are not reporting, or those who have not initiated the upgrade from Level 1 to Level 3 are not likely to be spared enforcement. Also, reporting does not stop during the upgrade process. Providers must continue reporting to the state/local health department as previously required until they are able to report through NHSN.

The deadline to opt into the Pharmacy Partnership Program for LTC has been extended to November 6. Nursing homes (including those who are part of a Life Plan Community) register through NHSN. Other providers (including the other sections of a Life Plan Community) register through the [REDCap form](#).

Don't forget about CMS's new-ish Targeted COVID-19 Infection Control Training for Front-line Nursing Home Staff and Management. This training can be accessed [here](#). The training is not required and is not currently tied to any funding, though it has helpful info and may help on survey if you can show what proactive steps you have taken to stay up to date on infection control practices.

HHS provided an update on the distribution of point-of-care testing. Abbott BinaxNOW test cards are being distributed to nursing homes in red and yellow positivity counties in quantities meant to enable them to complete routine testing of all staff (twice per week, once per week). Positivity rates are re-evaluated bi-weekly. The distribution of the Quidel and BD point-of-care testing devices is nearly complete. We have received questions about eligibility of providers who did not have CLIA waivers when this initiative began but have since applied. HHS stated on this call that providers who were unable to obtain a CLIA certificate/waiver prior to September 30 "are welcome to purchase these devices from the manufacturer." So unfortunately, if a provider was not able to secure a waiver prior to September 30, they are not included in these allocations.

The next CMS national nursing homes call will take place Wednesday, November 11 at 4:30pm ET.

**Pharmacy Partnership Program for Long-Term Care DEADLINE EXTENDED.** The deadline for providers to opt in to the Pharmacy Partnership Program has been extended to November 6. Providers have an additional week to opt in and indicate pharmacy preference, either through NHSN (for nursing homes) or through the [REDCap form](#) (for all others). We received some additional clarification from CDC to answer your questions:

Q: If a nursing home plans to work with its local or LTC pharmacy, does it do any harm for them to fill out the CVS/Walgreen's application before 10/30?

A: We would recommend that they fill out the form, indicate their LTC pharmacy, and then indicate CVS/Walgreens as a back-up (a back-up is required to complete the form). This way we can try to link them to their LTC pharmacy, but if their LTC pharmacy isn't able to support (e.g., can't handle -80 degree cold storage), we'll be able to link them to vaccine.

Q: Is there any guarantee that the state will allow local/LTC pharmacies to administer the vaccine? Specifically, the question: "I really want to use my own LTC pharmacy or local pharmacy. Is

there a guarantee that my residents will be just as likely to have the same access to vaccines as if I had used the CVS/Walgreen's partnership?"

A: It really varies state-to-state. Some of the states are really backed up on-boarding providers and are prioritizing bigger hospital systems. We would suggest as above that they complete the form and indicate their preferred option and a back-up. If their LTC pharmacy is able to get vaccine through the state, then they can go that route. Many of the smaller LTC pharmacies have indicated that the -80 degree product (which has a minimum order of 1000 doses) will be very difficult for them to handle and distribute.

Q: There is no CVS or Walgreen's within 75 miles of my nursing home. Should I fill out the NHSN form?

A: Yes, please do. We're mapping this out and are working with a couple smaller regional chains and state health departments to ensure coverage. Just pick whichever is closer.

**Nursing home special focus facilities legislation introduced** - A bi-partisan Senate bill that moves toward significant changes in the way high performing nursing homes and Special Focus Facilities are represented in quality improvement and the 5 Star program was introduced by Sen. Bob Casey (D-PA) and Sen. Pat Toomey (R-PA) on October 26. This bill was developed in response to the Senate Finance hearings on the Special Focus Facility Program last year. Entitled "A bill to amend titles XVIII and XIX of the Social Security Act to modernize Federal nursing home protections and to enhance care quality and transparency for nursing home residents and their families" (S. 4866), the bill creates an advisory council to consult with HHS on 5-Star ranking system; revises the current system to recognize high-rated nursing homes; expands the SFF program to include nursing homes currently on the waiting list and renames that program; establishes an on-site consultation program to help these poor performing nursing homes improve quality and "graduate". The bill allows fines collected under CMPs to be used to reinvest in poor performing homes. We will report on the bill in greater detail as the text becomes available. LeadingAge provided comments and recommendations to the Senators as the bill was being developed, including emphasizing the need for consultation and assistance for poor performers, not just penalties.

**Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes.** This [document](#) provides a summary of considerations for use of SARS-CoV-2 (the virus that causes COVID-19) antigen testing in nursing homes and is intended for nursing home providers and state and local public health departments.

#### **Provider Relief Fund Updates:**

**Provider Relief Funds Incentive Payment Article** -HHS [announced](#) that the first monthly Nursing Home Infection Control Incentive Payment will be sending out \$333M to 10,501 nursing homes (76% of eligible nursing homes) who qualified for the incentive payment. These payments should arrive on Monday, Nov. 2. To be eligible for an Infection Control Incentive Payment, providers must first meet two "gateway" criteria: 1) the nursing home's infection rate must be lower than that of the infection rate in their county; AND 2) the nursing home's mortality rate must be less than 10% for all residents in their facility that contracted COVID-19 (includes both in-facility acquired infections as well as COVID admissions). The incentive payments are based off performance for August 31 – September 27. It is our understanding that there will be a range of payments. HHS also [shared](#) how many facilities in each state received payments and the aggregate amount of those payments by state.

Here is an [article](#) on the Nursing Home Infection Control Incentive Payments based upon what we know so far. We know you are eager to know which nursing homes received how much, but so far, we do not have that information from HHS though we will be requesting it again along with the program description and more information about how these measures are calculated. HHS posted update FAQs on the Provider Relief Fund website that add 61 new or modified FAQs that provide more detail on their thinking related to the revised reporting requirements issued last week. It appears that there are some concerning developments. For example, one of the new FAQs indicates that providers will only be able to report depreciation value for capital equipment whose useful life exceeds 12 months and not the entire purchase. The reality is many of these changes are going to require input from accountants to advise us on what the implications are. We hope to have some more information on these new FAQs and their impacts in the next few days but wanted you to be aware that they are out there. In fact, Silver Partner CLA made a first attempt to address some of the issues raised by these FAQs in a webinar on PRF that they held this week.

**Phase 3 Applications Are Low** - HHS told us that only 35,000 of a potential 1 million providers have applied for Phase 3 funding. Just a reminder that this round of funding is different. They've opened it up to any provider of health care services and supports, including Medicare, Medicaid and private pay. Also the payments first ensure that providers get their 2 % and then any remaining funds will be distributed as add-on payments (over and above the 2%) to providers who demonstrate more need for funds to cover coronavirus expenses and lost revenues. If few providers apply, the pot of funds for add-one could be a significant portion of the \$20B set aside for this Phase.

**LeadingAge/EH/VNAA 2020 Policy Accomplishments to date** - Congress and the Administration have heard our advocacy voice! Here is a listing of [policy accomplishments so far in 2020](#), thanks to the hard work of LeadingAge/Elevating Home/Visiting Nurse Association of America national and state partners, members, and advocates. There's plenty more work to do. We appreciate every email, call, virtual meeting, virtual coffee chat and any other way our powerful LeadingAge/EH/VNAA advocacy community speaks up to make a positive difference in the lives of older people and the providers who serve them. We'll send a link when this is posted on the LeadingAge website.

**NCSL Map of State CARES Distributions** - The National Conference of State Legislatures (NCSL) maintains [this database](#) of the various CARES Act distributions states have made. It may be useful to see what your own state has done with its CARES funds and to look at other states for comparison. A useful advocacy tool

**States Begin Detailing Specific Use of 150 Million BinaxNOW COVID-19 Tests Distributed by Trump Administration.** Four weeks after HHS [announced](#) the nation-wide deployment of 150 million state-of-the-art Abbott BinaxNOW rapid point-of-care tests to assist Governors' reopening efforts, states have begun to [report](#) where they are distributing these tests. To view the allocation of tests to each state and territories click [here](#).

**FDA COVID-19 Response At-A-Glance.** The FDA issued an updated [FDA COVID-19 Response At-A-Glance Summary](#) which provides a quick look at facts, figures and highlights of the agency's response efforts.

**Reinfection of the Virus that Causes COVID-19.** In general, reinfection means a person was infected (got sick) once, recovered, and then later became infected again. Based on what we know from similar

viruses, some reinfections are expected. CDC is actively working to [learn more about reinfection](#) to inform public health action.

**Post Your Open Jobs on the Aging Services Career Center** -Have you posted your open jobs on the [LeadingAge Aging Services Career Center](#)? We are partnering with major national employers to connect displaced workers from fields such as dining, retail, and hospitality with available jobs in aging services. Add your openings today! [Learn more about how to post your jobs for FREE now](#).

**LTSS Center COVID-19 Research Summaries** -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:

[Reimagining Nursing Homes in the Wake of COVID-19](#)

[Stemming the Tide of COVID-19 Infections in Massachusetts Nursing Homes](#)

[A Post-COVID Aging Agenda](#)

**Diversity, Equity, and Inclusion Sessions** -This year's education program at the [Annual Meeting Virtual Experience](#) has been designed to address the current realities facing our field—and the action required to respond to the unprecedented future ahead of us as a result of the pandemic and this historic moment of social justice for our country. Inclusion strategist Vernā Myers will share insights for ways we can be more intentional in our efforts to establish more diverse, inclusive, and just organizations in her keynote Moving Diversity and Inclusion Forward. You'll find other opportunities to explore how LeadingAge members can work to eradicate barriers based on race, ethnicity, gender, sexual orientation, and other differences in the following sessions:

- Developing and Sustaining an Inclusive Culture

- Working with Diverse Populations: Managing Liability Risks Recognizing and Disrupting Racial Bias

- Developing Leaders of Color in Aging Services

- Developing Future Aging Services Leaders Today