



## Nursing Home Weekly: Recap of LeadingAge Updates

November 6, 2020

**LeadingAge Coronavirus Update Call on Monday, November 9 – hear a sneak preview of the Pandemic Playbook with Nancy Hooks and Barbara Klick.** Our field has learned so much about dealing with the pandemic. Why not benefit from lessons learned by 700+ LeadingAge members? Some highlights of the Pandemic Playbook:

- *Need to communicate with your staff, residents, the media, etc.? Use our communications templates for clear messaging and time-saving advantages*
- *Struggling with how to safely re-open to visitors? We have an entire Chapter on Reopening*
- *Have workforce issues? See how LTSS providers have maintained staffing levels and rewarded staff dedication*
- *Crisis management is not easy, is not what leadership anticipates and requires a massive dose of resiliency. Engage your board, community and leadership team to emerge successfully*
- *Rising expenses and dropping income and occupancy? The Playbook offers guidance and strategies to mitigate the financial impact of a pandemic*

And lots more in this extensive resource for LeadingAge members. Be among the first to hear about the Playbook on Monday's 3:30 Eastern call. If you haven't joined us for our Coronavirus update calls, you can [register here](#).

**Pharmacy Partnership Program** – LeadingAge is aware that when providers opt-in/out of the program through NHSN or REDCap, there is no confirmation email and this has caused anxiety. We requested a list from CDC and were told that there was no public list, but that CDC would be sharing information with the states. It seems this has occurred so if your state has not shared info with you about providers who have and have not enrolled, please reach out to them for the list. The deadline to opt in was Friday, November 6. Remember that this federal program is primarily for the vaccination of residents/service recipients. Your state will manage the vaccine plan for healthcare workers. Check out [this link](#) for more info on the COVID-19 vaccine planning process, including the [interim playbook for jurisdiction operations](#).

**NHSN Point-of-Care Test Reporting** – This week saw several training sessions on the new NHSN point-of-care test reporting tool. The slides for these trainings are available [here](#). A recording of the training will be available in coming days. We posted [this article](#) with information on the reporting tool. This article may be updated in the coming days, as we have a couple of outstanding questions in to CDC for which we await a response.

LeadingAge continues to advocate for the development of a CSV file template to allow providers (or states) to upload files of test results into NHSN rather than completing individual, manual data entry. We were disheartened to hear today that while CDC is working on this, it is not expected any time soon. We continue to express the urgent need for this template file and push back on assertions that not having a template file is only a front-end burden. We recognize, and have expressed to CDC, that while the burden is heavier with the initial data entry, it continues to be a burden even for subsequent data entries due to factors such as new staff/residents, multiple antigen test options, limited users with SAMS access within a nursing home, and the strain of time spent on administrative duties when we're stretched to cover clinical duties.

**Daily Activities and Going Out-** CDC updated information on what factors to consider before performing [daily activities and going out](#).

**Annual Meeting Sessions for Nursing Home providers-** Here's a program of LeadingAge Virtual Annual Meeting [sessions that will be of interest to nursing home providers](#).

**Project ECHO nursing home action network – your questions answered.** On Wednesday, November 18 at 11:30 Eastern join an information session about Project ECHO's National Nursing Home Action Network and how it can support nursing homes in their efforts to improve quality. You can sign up at this link for the [LeadingAge information session](#).

This 16 week program of collaborative learning – and teaching -- is a non-punitive way to work on improving quality and infection control alongside other nursing home teams. Participation in Project ECHO's nursing home initiative is voluntary. Nursing home teams that complete 13 of the 16 weeks receive a \$6,000 honorarium. The deadline to sign up for Project ECHO is November 13, though we are hoping it will be extended. Here's the [link](#) to become part of this growing network of nursing home providers.

**FDA letter to providers on potential for false positive results on Antigen tests.** FDA released [a letter to health care providers](#) on the "Potential for False Positive Results with Antigen Tests." The letter is consistent with the advice LeadingAge has been giving members. A lot of tests are being administered now. A small percentage of false results are to be expected with all COVID tests – antigen and PCR. Providers should follow manufacturer's directions and take clinical and case prevalence into account when deciding whether to follow up with a PCR test.

**PPP news item 1- public listing of loans:** Per a new court order, the SBA is required to publicly list all PPP loans and loan dollar amounts. Right now, loans are only public by borrower name for loans above \$150,000, and those loans are reported in bands (\$150,000 to \$300,000). Unless appealed, loans of *all* sizes will be public by borrower and by dollar amount. PPP borrowers may want to know this data could be publicized in a matter of weeks.

**PPP news item 2- questionnaire for loans above \$2 M:** SBA issued a new questionnaire for loans of greater than \$2M. Per guidance issued this summer, all loans above that amount will be audited before forgiven. This form is part of that. The form for nonprofits is linked. LeadingAge is reviewing and will post analysis in coming days. <https://www.venable.com/-/media/files/publications/2020/11/sba-nonprofit-economic-need-questionnaire.pdf>

**Phase 3 Provider Relief.** The deadline for providers to get their TIN in for validation for Phase 3 funding is Friday, Nov. 6 but once validated will have until 11:50 p.m. EST on Nov 27 to submit the financial information portion of the application after validation. Nick also noted for those providers who got stuck in Phase 2 and never got validated, at this point they should just apply for the Phase 3 funding because it offers the 2% of patient service revenue of Phase 2 plus the potential for an add-on payment over and above that amount. This may require members to call the Provider Support Line (866-569-3522) to cancel their Phase 2 application in order to apply for Phase 3. After Phase 3 closes, Nick indicated HHS will be making some decisions about how to proceed with remaining and/or new funds (should Congress approve more funding in the future for PRF). This announcement should be expected within 30 days of Phase 3 closing. One idea is that they may just have an open application process for rolling funding, as providers need it. Members should apply for Phase 3 as there is no guarantee of future distributions.

**Provider Relief Fund Call with HHS- Clarifications** - HHS hosted a last-minute call Thursday primarily for Assisted Living providers but on the topic of clarifying issues related to Phase 2 and Phase 3 applications. The session was recorded. Here is the [link](#) to the recording with Nick Uehlecke at HHS and his colleagues from HRSA. Many questions were provider specific but there were many providers who described being “stuck” or in a holding pattern between Phase 2 & 3. Several were still awaiting TIN validation. If we were to summarize the discussion, the most important point was... If providers (e.g., ALs) have applied for Phase 2 or Phase 3 and are still awaiting their TIN to be validated, they should NOT cancel their application and start over with a Phase 3 application, this will NOT speed things up. HHS also encouraged members who have been waiting several weeks or months without TIN validation or payment from Phase 2 to submit their information to their association. Nicole is working on setting up a process for collecting this information once we confirm what specific info HHS needs to research the issue and will share that soon.

**Federal Judge Blocks Public Charge Rule**-On November 2, a U.S. District court judge blocked the Administration’s “public charge rule,” which was issued as a final rule in August, 2019, despite hundreds of thousands of comments in submitted. The vast majority of these comments, including comments submitted by LeadingAge, were in opposition to the proposed public charge rule because the rule allowed denial of permanent residency to immigrants legally in the country because they accessed housing assistance, for example.

**CDC resources on vaccines.** HHS put out these links to information about vaccines and vaccine education to help staff and residents (and anyone) of the importance of COVID vaccines.

- **Vaccines:** CDC updated [general information](#) related to the COVID-19 vaccine.
- **Benefits of Getting a COVID-19 Vaccine:** CDC released a summary of the [benefits of COVID-19 vaccination](#) based on what we currently know. CDC will continue to update this page as more data become available.
- **Busting Myths and Misconceptions about COVID-19 Vaccination:** CDC released information to [bust myths and misconceptions](#) about COVID-19 vaccination.
- **Frequently Asked Questions about COVID-19 Vaccination:** CDC updated [FAQs about the COVID-19 vaccination](#). Although CDC does not have a role in developing COVID-19 vaccines, CDC has been working closely with health departments and partners to develop vaccination plans for when a vaccine is available. CDC is working with partners at all levels, including healthcare associations, on flexible COVID-19 vaccination programs that can accommodate different vaccines and scenarios.

**Provider Relief Infection Control Incentive Payments:** LeadingAge has heard from a few members who believe they should have received an incentive payment but didn’t receive on Monday, Nov. 2. If you

hear from members in this same situation who know that their infection rates in Sept were below the rate in their county and their mortality rate was less than 10%, I am happy to include them on the list that I am submitting to HHS on Friday, Nov. 6. Please include the name of the nursing home, a contact person name and phone number, organization's address and TIN, if possible.

**Holiday travel and family visits in COVID Time.** As with every year, the start of November is the start of the Holiday Season Rush. And, this year, members are asking and tackling questions around family visits and holiday travel – for both residents and staff – in a way that promotes safety and responsibility amidst the COVID reality. Scott Gottlieb, former FDA Commissioner in the current administration predicted over the weekend that Thanksgiving will be an inflection point for accelerating the pandemic. On Wednesday's call, we'll walk through the recommendations of the CDC; ahead of time, you and your members can access the various guidances on [All Holiday Travel](#), [Thanksgiving](#), [Considerations for Events and Gatherings](#), and for [People with Increased Risk Exposure](#) through the provided links. In addition, a few states like [Connecticut](#) and [Pennsylvania](#) have offered their own guidance on holiday gatherings that are worth a look; as with all things COVID, we can help members piece together their own strategies from these helpful and fairly comprehensive federal and state recommendations.

**Flu vaccines.** CDC is working on a toolkit to help with communication around flu vaccines to help increase vaccination rates. The toolkit is not specific to a provider but has helpful resources to target concerns or vaccine reluctance in healthcare workers, as well as info on setting up vaccine clinics. The toolkit is not available at this time but we will share a link as soon it's made available. In the meantime, CDC wishes to remind everyone to use the Flu Vaccine pathway in the NHSN reporting module.

**Provider Relief Funds.** Nicole continues to plug away on analysis and sense making of the reporting requirements and the corresponding HHS FAQs, and now information from our interview with Nick Uehlecke (Advisor to the HHS Secretary) on our Coronavirus call today. Takeaways from today's call include that HHS doesn't really intend that PRF monies must be first used for expenses and then lost revenues but instead that it is assumed that in the absence of sufficient funds and mounting expenses that providers would use these funds to pay for coronavirus expenses. HHS will be having a further conversation on this "ordering" issue tomorrow and we should expect further guidance. Lost revenues have been a very contentious issue for members. While we know members want answers on this now, there is time to prepare for the reporting and we intend to support that preparation with a webinar likely with an accounting partner. More to come, we are in the planning phases right now.

**Accuracy of COVID tests – Buyer Beware!** There have been a few reports recently of COVID tests (PCR and antigen; [here's one article](#)) about inaccurate COVID tests. How should aging services providers interpret these reports and what should they do? There are 284 COVID tests that have an Emergency Use Authorization (EUA) from the FDA? What does this mean? We asked one of our trusted clinical advisors and he offered the following thoughts for providers to consider:

First follow the very old saying. Caveat Emptor "Let the buyer beware" Know that all this COVID testing equipment has not gone through rigorous review and published data on sensitivity and specificity is on very small numbers of tests and was done by the manufacturers.

Then follow another old saying in medicine, "A test is only as good as its pre-test probability." In this situation, if you the individuals being tested have low likelihood of having the disease the false positive

rate will be high and you could have more false positives than real positives. Alternatively, if the disease is prevalent in the population, the false negative rate will be higher than the false positive rate.

Finally, follow the last old saying in medicine. If a test result does not make sense then don't believe it. Repeat it.

**QuickCast on Principles of Good Governance** -The LeadingAge Knowledge Center continues to add new content to help you navigate the COVID-19 crisis—and beyond. In this week's QuickCast, Jane Mack guides us through the different roles and responsibilities of board members, potential governance pitfalls that might occur, and ways to avoid them. [Check it out now](#), along with other [governance content](#) on the Learning Hub.

**Last Call to Register** -Annual Meeting Virtual Experience begins November 10 with a program dedicated to prepare you for what lies ahead and determine how to move forward during these hard times. Featured speakers Brené Brown, Vernā Myers, and Scott Gottlieb will deliver uplifting messages and insights throughout the event. [Register today!](#)

**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:  
[Making Connections Between COVID and Weight](#)  
[Older Adults Report COVID-Related Anxiety and Depression](#)  
[COVID-19 Vaccine Trials and the Black Community](#)