



Nursing Home Weekly: Recap of LeadingAge Updates

February 25, 2022

Coronavirus Update Call Next Week. On Monday, February 28 at 3:30 PM ET we will be back to talk about the importance of preparing for future COVID-19 surges and also how providers can best protect and advocate for your employees. Research is showing that the Omicron surge had an unequal toll on workers and stretched families as they balanced work with family responsibilities. On Monday's call we will hear from Dr. Julia Raifman, a leading professor from Boston University School of Public Health who will share her research on building trust with employees around vaccines and preparing for what can come next. If you haven't registered for LeadingAge Update Calls, [you can do so here](#).

Another round of Phase 4 PRF Going out this week. HRSA [announced](#) Thursday that it will be sending out \$560 million from the \$17.5 billion available for the Phase 4 general distribution. This is the third batch of payments distributed from Phase 4. With this distribution, \$6B remains to be distributed to providers under the Phase 4 allotment and HRSA will continue to process the remaining Phase 4 applications. HHS provided a state-by-state [breakdown](#) of the number of providers who will receive this round of Phase 4 payments. Here is a short [article](#) on the announcement.

CHART ACO Transformation Track for Rural providers Removed. The Center for Medicare and Medicaid Innovation (CMMI) announced this week that the Accountable Care Organization Transformation Track of the Community Health Access and Rural Transformation (CHART) Model has been removed or cancelled. The announcement indicates that CMS is "developing an Agency-wide vision and strategy for accountable care, including opportunities to increase ACO adoption in rural areas." The CHART Model seeks to address disparities by providing a way for rural communities to transform their health care delivery systems through "innovative financial arrangements as well as operational and regulatory flexibilities." The CHART model also has a Community Transformation Track. Four entities were selected for this track in fall of 2021 including the University of Alabama Birmingham, State of South Dakota Department of Social Services, Texas Health and Human Services Commission and Washington State Healthcare Authority. More details on the Community Transformation Track and the CHART Model can be found [here](#). Here is a short [article](#) on this topic.

CMMI Replaces Direct Contracting with New ACO REACH Model: The Center for Medicare and Medicaid Innovation finally released its plan for the future of its current Direct Contracting(DC) Model, which is to replace it with a new model called Accountable Care Organization Realizing Equity, Access and Community Health ([ACO REACH](#)). Some LeadingAge members had been partnering with DC entities(DCEs) to provide services and so had an interest in the model continuing. Until today's announcement, there had been much speculation that CMMI might cancel the model altogether, while others were confident that CMMI would make revisions. Today's announcement also included a statement indicating that it is cancelling the Geographic DC model proposed in December 2020 by the Trump Administration but many groups, including LeadingAge voiced concerns about the model's design. It was placed on hold by the Biden Administration in March 2021 for further review. Nicole will

be reviewing the announcement and corresponding documents in greater detail and then writing an article that will summarize the changes and the opportunities of the new model.

Proposed Public Charge Rule: The Department of Homeland Security released a proposed rule titled "[Public Charge Ground of inadmissibility](#)", this rescinds the Trump Administration's interpretation of the term "public charge" and the type of public benefits considered when making a public charge admissibility determination. DHS proposes to consider the following public benefits when making a public charge inadmissibility determination:

- Supplemental Security Income (SSI);
- Cash assistance for income maintenance under the Temporary Assistance for Needy Families (TANF) program;
- State, Tribal, territorial, and local cash assistance for income maintenance; and
- Long-term institutionalization at government expense.

DHS proposes that it will not consider non-cash benefits such as food and nutrition assistance programs including the Supplemental Nutrition Assistance Program (SNAP), the Children's Health Insurance Program, most Medicaid benefits (except for long-term institutionalization at government expense), housing benefits, and transportation vouchers. DHS would also not consider disaster assistance received under the Stafford Act; pandemic assistance; benefits received via a tax credit or deduction; or Social Security, government pensions, or other earned benefits.

By law, many categories of noncitizens are exempt from the public charge ground of inadmissibility and would not be subject to the proposed rule. Some of these categories are refugees, asylees, noncitizens applying for or re-registering for temporary protected status (TPS), special immigration juveniles, T and U nonimmigrants, and self-petitioner under the Violence Against Women Act (VAWA). Under the proposed rule, if a noncitizen received public benefits while in an immigration category that is exempt from the public charge ground of inadmissibility, DHS would not consider the noncitizen's past receipt of such benefits as part of any future public charge determination. **The comments for the proposed rule are due on 4/25/2022**

Mental health and older adults: a multi-agency federal discussion. On Tuesday, March 1 at 2:30 PM ET, the National Institute of Mental Health, the National Institute on Aging, and the Substance Abuse and Mental Health Services Administration (all components of the US Department of Health and Human Services) will collaborate on a Facebook Live event to discuss mental health and older adults. The session will include live Q&A, highlight relevant research, and share resources for older adults who may be struggling with their mental health. Visit the [Facebook Event Page](#) for more information and to RSVP.

New Action Alert – Tell Congress to Fund Vital Aging Programs and Services. Congress Needs To Pass Funding Bills to Sustain and Expand Aging Programs. It is time for Congress to pass a long-term government funding bill that sustains and expands investments in home and community-based services, affordable housing for low income older adults, and measures that address the aging services sector's severe workforce challenges. Continuing resolutions do not allow for increases to key federal programs that sustain or aging services infrastructure—and that hurt older adults and families across the country. Send a message to your members of Congress and let them know they need to act now: <https://mobilize4change.org/NVSDoWd>.

Right now congressional leaders are negotiating federal investments in aging services programs for next year and we need your help! Too many older adults are struggling to access the essential services they

need and funding levels must increase. Senators and Representatives must hear from constituents like you that they can't leave older adults behind. Americans overwhelmingly support increased investments in aging services. Nothing should disrupt Congress from delivering funding increases to help older adults and their families. Send a message to your elected leaders in Congress today by visiting here <https://mobilize4change.org/NVSDoWd>

Nursing Home Advisory Group. The Nursing Home Advisory Group met Tuesday with 159 participants for the "1st Birthday" of our call that was relaunched in February 2021. Kara Jacobs-Slifka, lead for the Long-Term Care team in the Division of Healthcare Quality and Promotion at CDC joined the group to discuss the latest updates to CDC guidance, including dissecting some of the rationale behind these changes and how CDC is thinking about long-term care in the face of the omicron surge. In the coming days, we will provide a summary of this call that will also be shared on our website and the LeadingAge Member Community. The Nursing Home Advisory Group call will not take place in March due to the LeadingAge Leadership Summit. The next call is scheduled for Tuesday, April 26 at 2pm ET. Please email Jodi Eyigor jevigor@leadingage.org if you would like to be added to the group.

CMS Call on the Medicaid and CHIP RFI. As we announced last week, CMS put out an [RFI](#) on topics related to health care access in the Medicaid program. Specifically, they are interested in hearing from a broad array of stakeholders on topics relating to: enrolling in and maintaining coverage, accessing health care services and supports, and ensuring adequate provider payment rates to encourage provider availability and quality. This Request for Information (RFI) is one of many actions CMS is taking to develop a more comprehensive access strategy in its Medicaid program and Children's Health Insurance Program (CHIP).

Please join CMS for a stakeholder call on the RFI on access in Medicaid and CHIP. This session will provide additional information on the RFI, review how to access the online form, and outline the importance of providing feedback on this topic

When: Tuesday, March 1, 2022, 3:30 - 4:00 PM ET

Where: Zoom link will be provided following registration.

Who should attend: This call is designed for all stakeholder groups that interact with Medicaid and CHIP. This includes but is not limited to: health care providers, consumer groups and advocates, managed care organizations, and people enrolled in Medicaid and CHIP.

RSVP: https://cms.zoomgov.com/webinar/register/WN_VxZOD4EKSaSBSbTU-L4tcA

CDC Guidance on Antigen Testing in Long Term Care. Late last week, the [CDC updated guidance on antigen testing in long-term care](#). The update streamlines guidance on how testing is used in determining work restrictions and mitigating shortages among health care staff. It also clarifies when and how to conduct confirmatory testing following the use of antigen tests.