



Nursing Home Weekly: Recap of LeadingAge Updates

February 26, 2021

Coronavirus Update Call on Monday, March 1 at 3:30 Eastern. Vaccinated visitors? Does that change things? How? As staff and residents are vaccinated, there is going to be more ability to open up activities and visitation. Many providers are wondering how to do it safely and effectively and Cindy Jerome, Executive Director of Alice Day Peck Life Plan Community who will provide details on their newly launched Verified Vaccinated Visitor program in their independent living community. Be sure to join our next Coronavirus Update call on Monday, March 1 at 3:30pm to hear from her experience from this recently launched program. We also received great feedback from members about yesterday's interview with Dr. Monica Gandhi and we pulled a clip of her interview and you can listen and [share it here](#). If you haven't registered for the calls, you can do so [here](#).

Parliamentarian rules no on minimum wage. It was reported that the Senate Parliamentarian ruled against including minimum wage legislation through the budget reconciliation process. Congress is using the budget reconciliation process to pass the legislation. Senators can override the Parliamentarian's decision, but it is unlikely they will.

Vaccinating 75% of nursing home staff. LeadingAge joined with AHCA/NCAL and CDC today in setting a goal of getting to 75% of nursing home staff fully vaccinated by the end of June. Read the press release [here](#). According to CDC's COVID data tracker, we are currently around 50%. We can do this! LeadingAge continues to work with CDC regarding issues of continued vaccine access once the Long-Term Care Pharmacy Partnership wraps up (likely by the end of March) and we transition to the Retail Pharmacy Program for continued access. To address vaccine hesitancy, don't forget about the March 4 Town Hall with Black Coalition Against COVID (BCAC) and check out our [LeadingAge Vaccine Information and Resources page](#).

Pharmacies enrolled in Retail Program. [Here's](#) a list by state of pharmacies enrolled in the CDC Retail Pharmacy Program. These pharmacies will receive vaccine from federal allocations to provide to LTC providers. Many LTC pharmacies have not yet decided if they will enroll in the Retail Program, including Omnicare and PharMerica, though they may sign up as state providers.

People with dementia are more vulnerable to COVID-19. Dr. Rebecca Edelmayer from the Alzheimer's Association joined the Coronavirus Update Call to discuss the findings of a recent study exploring the relationships between dementia and COVID-19 risks, hospitalizations, deaths and disparities. An article summarizing the interview can be found [here](#).

FROM HHS: Suspected Recurrent SARS-CoV-2 Infections among Residents of a Nursing Facility: CDC released an MMWR on [suspected recurrent SARS-CoV-2 infections among residents of a skilled nursing facility during a second COVID-19 outbreak](#) in Kentucky. Five residents of a skilled nursing facility received positive SARS-CoV-2 nucleic acid test results in two separate COVID-19 outbreaks separated by 3 months. Residents received at least four negative test results between the two outbreaks, suggesting the possibility of reinfection. Severity of disease in the five residents during the second outbreak was worse than that during the first outbreak and included one death. Skilled nursing facilities should use strategies to reduce the risk for SARS-CoV-2 transmission among all residents, including among those who have previously had a COVID-19 diagnosis. Vaccination of residents and health care personnel in this setting is particularly important to protect residents.

LeadingAge asks CMS, CDC, White House to expand visitation. LeadingAge sent a letter to the White House Domestic Policy Council, CMS, and the CDC to urge expanded visitation in nursing homes. This letter is available [here](#). We discussed actions that nursing homes are currently taking and can continue to address to make nursing home visitation safe, such as having visitation plans to address core principles of COVID-19 infection control, communicating clearly with residents and families about the realities and risks of visitation during COVID times, and working to increase staff vaccination rates. In turn, we requested federal leadership to make important changes to policies to include ensuring prioritization of nursing homes in the Retail Pharmacy Program for continued vaccine access, removing community prevalence-based (county positivity rate) visitation restrictions, expanding visitation options during outbreak, and utilizing available resources such as continuing to supply point of care testing to nursing homes and allowing for the use of Provider Relief Funds to purchase PPE to help lower transmission risks. We look forward to continued dialogue on how to expand visitation.

Essential Caregivers report goes live. The LeadingAge report on Essential Caregiver programs is live and available [here](#). For this report, we reviewed 17 state programs to identify key components of essential caregiver programs. In our report, we discuss similarities, notable outliers, and how it all squares with CMS guidance that has notoriously stated that those who identify as essential caregivers are afforded no special visitation rights beyond general visitation guidance. We make observations in the report for who essential caregivers may help bridge the gap between pre-pandemic visitation practices and our current state of social isolation. While essential caregivers existed long before the pandemic, the role has been magnified in a way that it was not before. It will be interesting to see how this role and the associated programs evolve as nursing home visitation edges toward more flexibility.

Encouraging straight talk about the coronavirus. Dr. Monica Gandhi from the University of California, San Francisco, joined the Coronavirus Update call. She believes that as the percentage of the population that is vaccinated grows, we will reach herd immunity and be able to lift many, many precautions – maybe by September. Read more of her insights [here](#).

Nursing Home Roundtable call. The first monthly Nursing Homes Roundtable call took place yesterday afternoon with special guest speaker Evan Shulman from CMS. We have posted a summary of the call available [here](#).

Focus on future of telehealth continues. Even with the extension of public health emergency waivers, including those related to telehealth, until the end of 2021, Congress and the Administration are already starting to talk about which pandemic related flexibilities are here to stay and monitoring for fraud, waste, and abuse in telehealth. [This article outlines](#) a new piece of legislation that would expand some

of the telehealth flexibilities permanently (including the hospice face to face recertification). The article also summarizes an announced Office of the Inspector General report that will examine home health agencies' telehealth related activity during the pandemic.

Project ECHO – it's not too late; new cohorts available. The Alzheimer's Association and Optum Health launched two new Project ECHO cohorts a couple of weeks ago, but it's not too late to join and still receive CEUs and the full \$6,000 payment. One group meets on Mondays from noon – 1:30 PM Eastern and the other meets on Thursdays from 10:30 AM to noon, Eastern. Those who join soon can make up the first two sessions, which were recorded. For more information, contact Emily Koebnick (ekoebnick@alz.org).

COVID-19 Vaccine Town Hall For Frontline Care Workers - Thursday, March 4 -- 7:00-8:30 p.m. Eastern. LeadingAge, in partnership with the [Black Coalition Against COVID](#) (BCAC), is sponsoring a national town hall with the aging services community to address concerns about the COVID-19 vaccine, particularly among direct care workers. The agenda will feature senior leadership from the White House, Centers for Disease Control and Prevention, Historically Black Colleges and Universities' medical schools, the National Black Nurses Association, and a variety of nationally recognized experts. This town hall is open to anyone regardless of background or position in providing care. This national town hall will be broadcast by [blackdoctor.org](#) through its Facebook Live and Youtube streaming services. A link to these sites will be available later this week. Please mark your calendars for Thursday, March 4 -- 7:00-8:30 p.m. ET to take part in this important discussion. For more information, email [Joe Franco](#).

Vaccinating homebound individuals. The Trust for America's Health (TFAH) held a meeting Thursday aimed at building partnerships to work on getting vaccines into the arms of people who are homebound. Bechara Couchair, White House Senior Coordinator on COVID vaccines, spoke at the meeting, emphasizing the Administration's commitment that "no older person will be left behind." Approximately 20% of adults over age 65 are homebound, by one definition discussed at the meeting. Dr. Couchair spoke at length about the WH commitment to equity in vaccine distribution. Providers, public health system representatives, aging network experts, and individuals from other key associations participated. The take home messages from the meeting are:

The biggest barrier is scarce vaccine supply – "it's the Hunger Games," one person said. Older adults must be prioritized, including those who are homebound. Government should communicate a clear picture of the target population, since estimates range from 2 million to 12 million people, and develop systems to provide them access to vaccines. Top leaders should speak directly to homebound individuals and caregivers to let them know they are not forgotten. It's essential to work with CMS to come up with reimbursement solutions to pay for in home vaccinations.

CMS revising thinking on visitation in nursing homes post vaccine. Evan Shulman, Director of the CMS Division of Nursing Homes, spoke to LeadingAge members on our first meeting of the Nursing Home Advisory Group. (The call reached max capacity – we will see about making sure there's more room on future monthly calls!). Evan spoke then answered participants' questions. Finally, Jodi and Janine offered policy updates. During Evan's opening presentation he made the following points, selected based on the most commonly asked questions right now:

CMS is working with CDC on the conditions under which CMS guidance can be revised to allow more visitation. "It really should happen, we are eager to open," Evan said. He pointed out three complicating factors: (1) it's a little early, since the vaccine isn't fully effective until ten days after the second dose; but this concern is diminishing as days go by; (2) while we know vaccines prevent severe

illness and even death, we don't know how effective they are at preventing transmission; (3) there is a lot of churn in nursing homes, so there will always be new people who have not been vaccinated. However, cases are plummeting and it's time for a change in policy. In revising the policy, CMS is focused even more on infection control and testing. "Testing will be very important in changing the visitation policy."

CMS is well aware of the devastating effects of isolation in terms of weight loss, loss of function, and depression. CMS recognizes now that "the risk of dying from COVID is not as high as the impact of isolation" now that many residents and staff are vaccinated.

Survey teams are focusing on complaint surveys for loss of function, weight loss - as these are a priority. CMS is working to adjust the guidance, "hopefully soon."

In non visitation issues, Nursing Home Compare has had a facelift and is under Care Compare. The information is the same, but it is presented in a more user friendly fashion. The Focused Infection Control survey findings has been added to the health calculation. These type of surveys will continue in the future. Nursing homes need to hold all staff accountable to each other and don't let your guard down outside of clinical nursing units.

Care Compare will evolve to include nursing home staff turnover. CMS continues to worry a lot and work on staff turnover. "We know that lower turnover leads to better quality. That's in the data. It's something to think about for the future."

CMS was working on releasing guidance for Phase 3 of RoPs when COVID hit. They are soon returning to working on that guidance again, as well as some changes in Phase 2. Evan pointed out that the easiest thing is for providers to work on the things that are clear. For instance, every nursing home should have a trained infection preventionist on site. The question of what is "part time" or "sufficient" is yet to be resolved. He suggested providers start with what's clear and then work their way down to what might need guidance. The guidance will have a prescribed time for the infection preventionist.

Evan took questions from participants, including:

Some primary care physicians refuse to do in person visits with nursing home residents because the providers don't want to be tested. Do you have any recommendations. With the advent of vaccines, testing is more important than ever. Do everything you can to compel them to be tested. Use the rapid antigen testing machines – there is an advantage to quick tests sometimes -- or PCR. advantage to quick tests. Show the physicians the CMS memo and CDC guidance. (Participants suggested requiring all health care providers to be tested, not just those in long-term care; and they asked that CMS send primary care doctors information about why testing is necessary.

Regarding visitation, many family members want to feed their loved ones. This is a very difficult question because all visitors are equal, whether they are there to help the resident with ADLs, help them eat, or just to say hi. Every resident has the same right to a visitor. Of course, he said, there is nothing to prohibit family members from visiting and helping the resident eat – except to note that this is the job of the nursing home technically. Visitor programs should not supplant the nursing home. To complicate matters, if visitors are specifically there to help with feeding they would have to be designated as volunteers and treated as staff, causing challenges for the provider. Evan said he is especially concerned about Essential Caregiver programs because "if everyone has one, we have a big infection control concern," it's like just opening up with no extra considerations. "There is not a lot of space for CMS in terms of essential caregivers. But if you use a person centered approach, there are ways to enable visits from people who may meet the definition of an essential caregiver. So, there may be ways to integrate some of the concepts."

Is there any consideration in CMS about adjusting visitation guidance during an outbreak to limit visits only in the affected units? CMS is aggressively working with CDC now on how to adjust the

guidance. This is an important question. CMS is looking at two areas: first, the same thing that caused nursing homes to be the epicenter of COVID is the thing that has let us help nursing homes get ahead of curve of positivity in the entire community. Visitation guidance that relies on community positivity is not a good barometer any more. Second, when you have a good amount of people vaccinated, and outbreak is contained, do you need to shut down the whole facility because you have one case? “We believe there possibly is a way that safe visitation could be enabled even when there’s a new case. CMS is looking at all of this closely and is trying to get something out very soon.

After policy updates, Jodi asked Advisory Group participants for feedback on future content and the structure of the group – what will be most helpful. These calls will occur the last Tuesday of every month at 2:00 PM Eastern time. Nursing home members who want to join the Advisory Group should contact Jodi (jevigor@leadingage.org) or Janine (jfinck-boyle@leadingage.org).

LeadingAge Virtual Lobby Day 2021 – April 21. We are excited to announce that we will be holding our first ever Virtual Lobby day on our originally scheduled in-person lobby day this year. Given our success with our virtual congressional meetings last year, we know that our members will appreciate the opportunity to meet with their congressional offices and advocate for our key policy priorities and tell their stories. We will once again be utilizing the services of Advocacy Associates (they have managed our lobby day scheduling for the past 5 years) and they have an innovative way to manage the coordination and virtual schedules for our members. A more comprehensive memo will be coming from Joe very shortly but at this moment, please mark April 21 as a day for legislative meetings. Please also let Joe (JFranco@leadingage.org) know ASAP if you would prefer to schedule your own meetings instead of having us manage that process.

100 Days of Advocacy Resources. As Katie Smith Sloan mentioned, we will need to use our voices in stereo to ensure that Congress and the new Administration works to enact laws and policies that will directly help our members. Right now Congress is debating the next COVID-19 relief bill and while the House measures are pretty solid at this point, there is still time to get added relief in the Senate bill. Please encourage your members to join our advocacy campaign and take action [here](#). Additional tools and resources for our 100 days of advocacy campaign are [here](#).

Mental Health Insights on the Pandemic. Dr. Bill Mansbach, CEO and President of behavioral health provider Counterpoint Health Services, joined the Coronavirus Update Call. He discussed research regarding older adults and shared concrete tools targeted to both staff and older adults. The interview is summarized [here](#).

Nursing Home Staffing During COVID. Today the Institute for Healthcare Improvement and Project ECHO released “[Staffing During the COVID-19 Pandemic: A Guide for Nursing Home Leaders](#).” The short document outlines steps to reduce or eliminate urgent staff shortages, particularly shortages of direct care workers. The tips and steps provided in the document were contributed by ECHO participants and other experts. IHI plans to update the document as new resources become available.

FROM HHS:

CDC’s Vaccine Rollout Recommendations: CDC updated their webpage with recommendations for [who should get the vaccine first](#), then each state makes its own plan. Because the U.S. supply of COVID-19 vaccine is expected to be limited at first, CDC is providing recommendations to federal,

state, and local governments about who should be vaccinated first. CDC's recommendations are based on those from the Advisory Committee on Immunization Practices (ACIP), an independent panel of medical and public health experts. While CDC makes recommendations for who should be offered COVID-19 vaccine first, each state has its own plan for deciding who will be vaccinated first and how they can receive vaccines. Please contact your local health department for more information on COVID-19 vaccination in your area. View the resource page on [vaccinations](#).

What Older Adults Need to Know about COVID-19 Vaccines: The risk of severe illness from COVID-19 increases with age. This is why CDC recommends that [adults 65 years and older are one of the first groups to receive COVID-19 vaccines](#). Getting a COVID-19 vaccine is an important step to help prevent getting sick from COVID-19. That said, it might take time before enough vaccines are made for everyone who wants to be vaccinated.

Update on Additional Vaccines: On Feb 26th, FDA will be consulting with their independent advisory committee (VRBPAC) on the Johnson and Johnson vaccine and we will hear from them soon after. The AstraZeneca and NovaVax trials are both fully enrolled. They will collect data and then submit their information for an EUA if the data looks good. **AHRQ ECHO National Nursing Home COVID-19**

Action Network. The AHRQ ECHO National Nursing Home COVID-19 Action Network is recruiting nursing homes from across the country to participate in a virtual community of practice for improving COVID-19 preparedness, safety, and infection control. The deadline has been extended to February 28, 2021. To learn more, [visit the AHRQ ECHO National Nursing Home COVID-19 Action Network](#). If you have any questions, contact [Janine Finck-Boyle](#).

Are you doing all you can to prevent the spread of COVID in your community? Aging services providers need to keep buildings safe because caring for people is our top priority. LeadingAge can help. Don't miss our new webinar, [MEP Building Systems: Mitigating Infectious Disease Transmission](#), on Wednesday, March 10. We'll share the latest technologies and review how they can be used to improve new and existing buildings. [Learn more and register here](#). *Participants will receive CE credits.*

A Blueprint to Guide Research and Actions for Better Dementia Care. A new report from the National Academies of Sciences, Engineering, and Medicine presents a framework for future research and action around dementia care. LTSS Center Co-Director Robyn Stone served on the committee that undertook the study. [Meeting the Challenge of Caring for Persons Living with Dementia and Their Care Partners and Caregivers: A Way Forward](#) assesses the quality of the existing evidence around care for people living with dementia and their caregivers and recommends interventions for broad dissemination and implementation.