



Nursing Home Weekly: Recap of LeadingAge Updates

February 5, 2021

What would happen if a provider mandated that all staff be vaccinated? Hear the answer from on member who did just that on our Monday, February 8 3:30 PM Eastern LeadingAge Coronavirus Update call. On the call we'll tackle a challenging question many providers have considered. Scott Crabtree from Lambeth House in New Orleans will join the call to talk about his considerations and decision process leading to mandating that all staff be vaccinated, how he and his team made it happen, how they enforced the policy, and how staff reacted. Cory will join the call to talk about the legal considerations of mandating COVID vaccines and some of the myths and frequently asked questions. If you haven't signed up for our calls, you can [register here](#).

Addressing staff stressors and mental health. CDC released an MMWR - [Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Substance Use Among Adults During the Pandemic](#). We've summarized the data and provided ideas for how members can help support staff around the psychosocial stressors identified in this study (available [here](#)).

Nursing Home Visitation. With growing impatience around visitation restrictions in nursing homes, there seems to be little attention to how nursing home visitation is impacted by ongoing outbreaks in the surrounding community. We have created a tool that members can share with residents, families, and the greater community to clarify exactly why and when nursing home visitation is restricted and what each of us can do to make a difference. This tool is available [here](#) and can be customized by members to include any state-specific guidelines.

Updates from LeadingAge-CDC meeting. CDC colleagues answered our questions and shared a few updates with us. Points covered include:

- **Governors may direct Pharmacy Partners and aging services providers to provide or not provide first doses to staff in third clinics.** Pharmacy Partners (CVS, Walgreens, a few others) are advised by CDC that if the state or locality allows first doses at third clinics, the Pharmacy Partner may provide them. But we also learned today that "it's a process." The state, of course, must make a sufficient number of doses available to the Pharmacy Partner. The Pharmacy Partner is NOT responsible for connecting the individual to a second dose.
- **The Pharmacy Partnership was never intended to cover every resident and every staff person in every participating provider organization.** It was meant to give a head start to long-term care settings. Since the early planning for the program, the intention was to have a smooth handoff to the [Retail Pharmacy Program](#), which begins on February 11. Although LTC pharmacies are not included in the initial rollout, they will be added soon after, depending on vaccine supply.
- **Request for addition to Retail Program listing.** We asked CDC to look into adding information to the Retail Program listing of pharmacies that would indicate which pharmacies will provide onsite

clinics for provider organizations (and others). They thought it was a good idea and said they would look into it.

- **CDC is looking into adding tallies on the number of doses administered in HUD 202 and assisted living settings.** Right now the [CDC Pharmacy Partnership for LTC tracker](#) only includes data on vaccine doses administered in nursing homes (as of 8 PM Wednesday, 4,210,027).

AMDA statement on vaccines. AMDA, the Society for Post-Acute and Long-Term Care Medicine, released a [statement](#) this week on vaccine access for all residents and staff in LTC facilities. They recommend that even short stay residents be given at least a first dose, because they “deserve to benefit from the partial protection offered by the first dose.” They also recommend LTC facilities continue to have access to vaccines and that the federal and state governments reduce barriers to COVID-19 vaccinations.

Essential Caregiver Program interview. [Here’s](#) an article with highlights from Thursday’s Update Call interview with Bailie Hillman and Leigh Wilson of the James L. West Center for Dementia Care’s Essential Caregiver Program. The program has been quite successful and well received; most residents have one or two essential caregivers. Bailie and Leigh were clear that a program like this has to be very carefully organized and managed. Note that the James L. West Center is NOT a Medicare or Medicaid provider, so CMS rules and guidance are not applicable; they follow state regulations for this program.

From HHS:

1. **State Actions to Mitigate COVID-19 in Nursing Homes:** CMS updated their [COVID-19 mitigation toolkit](#) which is a compilation of actions employed by organizations, including state governments, in the United States and outlying territories to assist nursing homes in meeting the needs of nursing home residents since the onset of the COVID-19 pandemic recognized in early 2020. This version includes recent information and guidance on vaccinations to prevent infection with influenza virus, pneumococcus, and SARS-CoV-2, the virus that causes COVID-19. The actions were collected by the contractors of the QIO Program, a statutorily mandated program of quality improvement contractors who work for the Centers for Medicare & Medicaid Services (CMS) to improve the care of Medicare beneficiaries, including beneficiaries who reside in nursing homes.
2. **CDC Offers Vaccine Confidence Consultations for Jurisdictions:** The CDC Vaccine Task Force is rolling out vaccine confidence consultations for interested jurisdictions. The program will match jurisdictions with CDC experts to answer questions around vaccine hesitancy and develop strategies to instill vaccine confidence for hesitant populations. To request this service, interested jurisdictions can reach out to confidenceconsults@cdc.gov. CDC also has online [tips for building vaccine confidence](#).
3. **Explaining Community Immunity:** When enough of the [community is immunized against a contagious disease](#), most other members are protected from infection because there’s little opportunity for the disease to spread.
4. **Understanding the Federal Retail Pharmacy Program:** The [Federal Retail Pharmacy Program](#) for COVID-19 vaccination is a collaboration between the federal government, states and territories, and 21 national pharmacy partners and independent pharmacy networks to increase access to COVID-19 vaccination across the United States. This program is one component of the Federal government’s strategy to expand access to vaccines for the American public. The program is being implemented incrementally based on the available vaccine supply, with [select retail pharmacy locations providing COVID-19 vaccine](#)

to eligible individuals. As vaccine availability increases over time, the program will expand to ultimately include all 40,000+ pharmacies. [View FAQs about the program.](#)

5. **Vaccine Rollout Recommendations:** 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.

COVID-19 Variants: CDC updated their information about the [characteristics of the variants](#), with information rapidly emerging. Scientists are working to learn more about how easily they spread, whether they could cause more severe illness, and whether currently authorized vaccines will protect people against them. Find more information about variant cases and where they are in the US [here](#).

Letter to Domestic Policy Council on nursing homes. We sent a letter today to the Domestic Policy Council in the Biden Administration to invite a meeting to discuss the future of nursing homes. Review the letter [here](#). We sent this letter because we feel it's important to get in early and establish relationships so that we can influence policy rather than simply react to it. The Biden Administration is in a great situation to learn from the past and make informed decisions for our future. During our meeting, we hope to discuss the hard-learned lessons from the past year, including one very important lesson: we can and must do survey and enforcement differently. We were shouting this message before the pandemic and the infection control survey process over the past several months proves that it can be done. We advocate for:

- Examining infection control and quality to prevent the challenges we have encountered related to PPE, testing, and social isolation.
- Improving care through collaborative survey approaches and re-evaluating the effectiveness of enforcements that take away the money that providers need for quality operations.
- Looking at the impact of the 1135 waivers and using this as a jumping off point to evaluate what is lost and what is gained through regulation.
- Issuing long overdue interpretive guidance to help providers best navigate requirements in providing quality care.
- Working with and building on the currently ongoing NASEM study to examine how we finance, regulate, and measure quality in long-term care.

This letter was sent today and we are pleased that we have received an extremely timely response. We will keep members updated as we work with the DPC on the future of nursing homes.

COVID-19 Vaccine Resources from CMS. CMS has compiled resources and materials to help you share important and relevant information on the COVID-19 vaccine with the people that you serve. You can find these and more resources on the [COVID-19 Partner Resources Page](#) and the [HHS COVID Education Campaign page](#). Don't forget:

- People without health insurance or whose insurance does not provide coverage of the vaccine can also get COVID-19 vaccine at no cost. Providers administering the vaccine to people without health insurance or whose insurance does not provide coverage of the vaccine can request reimbursement for the administration of the COVID-19 vaccine through the [Provider Relief Fund](#).
- CMS has resources to help address vaccine hesitancy: [Learn more about the benefits of the vaccine.](#)
- Spread the word that the [vaccine is safe](#) and that safety is a top priority for COVID-19 vaccines.
- We must continue practicing the [3Ws](#) (Wear a Mask, Watch your distance, Wash your hands).

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Associations call with CMS. LeadingAge had a regular call with CMS. A few notes, below:

- RoPs 3 guidance – still no timeline for when this guidance might be released. Recall that RoPs 3 went into effect in November 2019 but surveyor guidance has yet to be released. CMS continues to work on this in the midst of COVID-19 and COVID-related guidance.
- Visitation and other guidance – COVID-19 guidance such as visitation, testing, cohorting, PPE use, etc. is not being updated at this time, despite growing rates of vaccination in nursing homes. Recall as we noted last week that transmissibility remains a concern. The vaccines’ effectiveness against transmissibility is being evaluated, but in order to get good data, we need more people to be vaccinated. We hear a lot: “Why get vaccinated if it won’t make a difference?” It does make a difference. You just have to focus on the right measures. If more people get vaccinated, fewer people will get sick. This means lower community rates, which means fewer outbreaks in nursing homes and lower county positivity rates. That directly translates to less testing, more indoor visitation, more group activities, dining and more. So keep your eyes on the prize, your mouth and nose covered by a mask, and help get those vaccines in arms!
- Residents rights and vaccines – Now that vaccination is becoming more wide-spread in nursing homes and other settings, it’s bringing up new questions: How do we handle requests that residents be cared for by vaccinated staff only? Room with vaccinated roommates only? Can a facility deny admission based on vaccination status? Can a facility cohort based on vaccination status? Remember this: **an individual’s vaccination status is protected health information**, so residents and families don’t have the right to know which residents or staff have been vaccinated. Likewise, staff may not necessarily have the right to know whether or not a resident has been vaccinated. Further specifics below:
 - Requests to be cared for by vaccinated staff only: These requests should be handled like any other staffing request. Residents have the right to request specific staff, nursing homes should consider and accommodate requests as able, but are not required to accommodate requests. CMS expects that all staff will provide safe care regardless of vaccination status.
 - Requests to room with vaccinated roommates only: These requests should be handled like any other room change request. Residents have the right to request a room change, nursing homes should consider and accommodate requests as able, but are not required to accommodate requests.
 - Cohorting according to vaccination status: CMS notes that it may be in a facility’s best interest to cohort according to vaccination status; however, there is no requirement to cohort and no requirement prohibiting cohorting. But be careful not to cross the line from health and safety measures into discrimination and resident rights violations.
 - Vaccination status impact on admission: Admission cannot be denied solely on the basis of vaccination status or vaccine hesitancy.

Monoclonal antibody infusions: filling in some of the information. We have received a number of inquiries about monoclonal antibodies and how to access the treatment. HHS has put out a [map of where they are sending doses](#). The National Home Infusion Association has also put out a [list of providers](#) that are participating with HHS in a pilot to distribute the treatments. HHS is also working on an initiative that would

expand the number of infusion providers available to provide the treatments and we will provide more details as we have them.

Article Summarizing the new PRF FAQs: Nicole has written an [article](#) summarizing the updated and new FAQs on Provider Relief Funds, which she reviewed on yesterday's Coronavirus Call. The article has a little more detail and discusses some of the implications of the changes. Key items in these FAQs include notice that HHS will only issue one more Nursing Home Infection Control payment for December performance, new FAQs indicating which vaccine related expenses can be covered by PRF, and clarification that when providers calculate lost revenues they must show an annual loss not just a quarterly or monthly loss related to COVID-19. One additional note that the GOP COVID proposal for the next round of legislation indicates it would add \$35B to the PRF but set aside 20% of it for rural hospitals. We will be asking Congress to support additional appropriations for PRF as part of the next COVID package and asking the Administration to open another opportunity to apply for PRF as soon as possible.

Additional HHS Updates:

- 1. State Profile Reports:** HHS and the White House COVID-19 response team have released the [weekly state profile snapshot](#). The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state, and local levels.
- 2. Blood Thinners and COVID-19:** NIH Director Collins posted a blog on [blood thinners and COVID-19](#). Interim findings based on more than 1,000 moderately ill patients suggest that individuals hospitalized, but not severely ill, with COVID-19 who received a full intravenous dose of the common blood thinner heparin were less likely to need vital organ support, including mechanical ventilation, compared to those who received the lower "prophylactic" subcutaneous dose. More study is needed to sort out all the details about when more aggressive blood thinning treatment is warranted. Trial investigators are now working to make the full results available to help inform a doctor's decisions about how to best to treat their patients hospitalized with COVID-19.
- 3. Healthcare Workers:** CDC has updated their information on [COVID-19 for healthcare workers](#). This page provides guidance for managing patients with COVID-19, vaccine administration, and much more.
- 4. Message to Long-Term Care Facility Workers and Vaccinations:** In response to the CDC MMWR research findings of [low rates of vaccination among staff in skilled nursing facilities](#), CDC posted a message for Long-Term Care facility staff: You have an essential role in fighting COVID-19. Your decision to get vaccinated can help protect more than just your health. You can lead the way for residents, colleagues, and others. Learn more: [here](#).

Vaccine Insights and Project Echo Update. Dr. Alice Bonner, Senior Advisor for Aging, Institute for Healthcare Improvement, joined the Coronavirus Update call. She described Project ECHO and indicated that nearly 8,000 nursing homes are now participating. Nursing homes can sign up throughout the month of February - <https://hsc.unm.edu/echo/instituteprograms/nursing-home/pages/>. She also indicated that they have developed a FAQ document addressing vaccine hesitancy in PowerPoint and Word document versions, available here - <http://www.ihl.org/Topics/COVID-19/Pages/COVID-19-Care-of-Older-Adults.aspx> In closing she shared that AHRQ is convening a group of other government agencies to explore new approaches to defining and determining how best to improve healthcare quality.

New MMWR from CDC on vaccination rates in nursing homes. This week CDC issued a new [Morbidity and Mortality Weekly Report](#) summarizing the data from the first month of COVID-19 vaccinations of state and residents in nursing homes, through the Pharmacy Partnership for Long-Term Care Program. The report shows that nearly 80 percent of residents in skilled nursing facilities received the COVID-19 vaccine during early federal vaccination efforts. However, the data also reveal that less than 40 percent of staff in these facilities were vaccinated. CDC emphasizes that “ensuring long-term care staff have access to COVID-19 vaccination – and confidence in the safety and effectiveness of these vaccines – is a public health priority to protect more people from getting COVID-19 infections.” It’s important to note that this only applies to nursing homes, not other provider settings under the Pharmacy Partnership. In addition, this MMWR only includes data from the first month of the program. In the announcement, CDC added that the agency is committed to working with partners to continue to build vaccine confidence among staff and residents. The announcement also reminded everyone about existing resources that can help provider communities:

- [Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination \(cdc.gov\)](#)
- [Building Confidence in COVID-19 Vaccines \(cdc.gov\)](#)

BD Long Term Care Provider Survey on Testing. BD is seeking feedback from long term care providers on their experiences with COVID-19 testing. They request that nursing home providers take **five (5) minutes** to answer this [brief survey](#) about your current approaches to testing staff and residents, as well as any barriers they are encountering. The survey is available [here](#). BD appreciates provider feedback!

New Nursing Home Toolkits

LeadingAge has worked with Pathway Health to develop a series of toolkits to help nursing home providers overcome challenges associated with COVID-19. We’ve recently added these toolkits to the series:

- [Universal Source Control Physical Distancing COVID 19](#)
- [Activities Reopening](#)
- [Access to Adequate PPE for Staff](#)

Additionally, the [Testing](#) and [Vaccination](#) toolkits have been updated. Tools and resources are for LeadingAge members only. You will need your email and password to access these documents through the [my.leadingage.org](#).