



Nursing Home Weekly: Recap of LeadingAge Updates

March 18, 2022

Coronavirus Update Calls Next Week – all calls are at 3:30 PM ET. A unique, compelling, and solution-oriented look at the “sans-demic” – the shortage of workers to support the aging population. And an epidemiologist’s view on the next phase of the pandemic - what should aging services providers be watching and doing?

On Monday, March 21, we’ll talk with Ron Hetrick about his report: ***Demographic Drought: How the Approaching Sansdemic Will Transform the Labor Market for the Rest of Our Lives.*** He’ll discuss recent demographic trends affecting the workforce and how this shifting labor environment affects aging services providers. What was the impact of the pandemic on labor trends? More important, as we move into a new phase of COVID, how can provider communities address challenges these trends create?

Next Wednesday, March 23, we will welcome back “your local epidemiologist” Dr. Katelyn Jetelina to talk about the risks that still exists around COVID-19 even as we open up and begin the endemic stage of the pandemic. She will help us decipher the current trends surrounding transmission and risk and describe how LeadingAge members can communicate with residents and staff about the ongoing risks of COVID-19 and how we can keep each other safe. If you haven’t registered for LeadingAge Update Calls, [you can do so here](#). You can also find previous call recordings [here](#).

Senate “Economic Package” Hearings Scheduled. The Senate Special Committee on Aging will hold a hearing on Wednesday, March 23, to address, “An Economy That Cares: The Importance of Home-Based Services.” This will be a hybrid hearing that will be livestreamed on the Committee’s website at www.aging.senate.gov. The Aging Committee hearing is part of the renewed momentum for Congress to pass an economic package in late-April that helps families and workers manage high cost, and helps people cope with increased prices. Several proposals that were included in the *Build Back Better Act* could be revisited, and added to an economic package. Related “economic package” hearings are occurring in the Senate. Yesterday, the Senate Finance Committee held a hearing on the need to lower prescription drug prices in Medicare. And, next week, the Senate HELP Committee will hold full committee hearings that address cutting the cost of child care for working and low-income families, and strengthening federal mental health and substance use disorder programs.

Two in Five Medicare Beneficiaries Used Telehealth During Pandemic. A new [report](#) from OIG found that in the first year of the pandemic (March 2020-February 2021) Medicare beneficiaries’ use of telehealth increased dramatically with over 28 million—more than 2 in 5—Medicare beneficiaries using telehealth services. Total telehealth use was 88 times more during the first year of the pandemic than beneficiaries used in the prior year. In April 2020, telehealth accounted for 29 percent of all services. Telehealth has decreased to around 10 percent of services per month—still almost twice the level it was in March 2020. Nursing home visits were the fourth most common telehealth service, connecting

residents with providers to discuss medical conditions and nursing home discharge management. These visits were slightly more common among beneficiaries in fee-for-service than in Medicare Advantage.

Register for The White House’s New Covid-19 National Preparedness Plan - Wednesday, March 23 at 1:00 PM ET. As the country enters a new phase of the national COVID-19 response, learn about the [White House's new National COVID-19 Preparedness Plan](#). The plan lays out the Administration's roadmap to fight COVID-19, including by preparing for new variants, preventing economic and educational shutdowns, continuing to vaccinate, and protecting against and treating COVID-19. According to the Administration's announcement, the March 23 webinar will cover the following topics:

- The launch of a new nationwide Test-to-Treat Initiative at “one-stop” locations with free tests and free treatment pills.
- Leveraging the administration's COVID-19 Surge Response Playbook.
- Updated guidance for employers to ensure safer workplaces.
- Saving lives by solving the oxygen crisis and making emergency supplies widely available.
- And more.

New Provider Resources. LeadingAge members serve older people across the continuum of care, and we’ve cultivated resources, insights, and updates for all provider types. From updates on the latest funding and regulations to sharing best practices to analyzing policy, insights for specific provider types are collected on newly updated provider landing pages at [leadingage.org](https://www.leadingage.org):

- [Adult Day, PACE, and HCBS](#)
- [Affordable Housing](#)
- [Assisted Living](#)
- [Home Health](#)
- [Hospice](#)
- [Life Plan Communities](#)
- [Nursing Homes](#)

Vaccine Tools & Resources. LeadingAge experts continue to provide helpful information, answers to LeadingAge member questions, and the latest insights about vaccines and mandates. Check out our [Vaccine Tools & Resources page](#) for the latest—including our new “Care Fully” creative campaign designed to reach Black and Hispanic direct care workers, which leverages the strategic groundwork laid by the Ad Council/COVID Collaborative’s “It’s Up to You” campaign:

- [LeadingAge Hispanic Care Professionals Toolkit](#)
- [LeadingAge Black Care Professionals Toolkit](#)

Help for older adults with medical expense debt. The Consumer Financial Protection Bureau released a data spotlight – [Medical Debt Among Older Adults Before the Pandemic](#). More than 4 million older adults, nearly one in ten, have a past due medical bill. The data spotlight provides information about these individuals. Medical debt is more common among older people of color, those with incomes near the poverty line, those uninsured or underinsured, the unmarried, and those who do not own a home. The document provides links for consumers to find help.

NIC Wave 38 Quick Summary. Last week, NIC released its [WAVE 38](#) results. The survey found that across all provider groups, the pace of move-ins continued to correlate inversely with the prevalence of COVID in the local community. Assisted Living and Nursing Homes reported the greatest increase in move-ins,

with IL move-ins remaining stable and Memory Care reporting a very slight decline. On the flip side, IL, Memory Care and Nursing Homes reported increases in move-outs, which most organizations attributed to moves to higher levels of care that were delayed by the pandemic. Smaller organizations reported a greater struggle in a return to normal lead volumes than larger organizations; while staffing remained a significant concern for all providers, most were optimistic that some improvement would be seen in 2023. An impressive 90% of survey participants supported a federal investigation into the anticompetitive practices by nursing and other temporary staffing agencies.

CDC’s Project Firstline New Resources: CDC’s Project Firstline launched a new toolkit entitled Risk Recognition and Infection Control in Healthcare. As with other Project Firstline resources, the new toolkit is aimed at increasing infection control knowledge and understanding among front line staff. The toolkit includes resources for 6 learning sessions: videos, slide decks, participation booklets, and a facilitator guide. There are also session feedback forms, self-assessments, posters, infographics, 2 interactive activities, and social media templates that can be used to promote the training among staff. Resources are aimed at all frontline staff, not just those providing clinical care, and can be used with different training formats including annual in-servicing, stand-up meetings, and on-the-spot training. Check out the toolkit and resources [here](#).

HRSA Won’t Change NHIC PRF Policies, Nursing Homes Must Comply But Can Correct Errors: Katie wrote a letter to HRSA Administrator, Carol Johnson, about a month ago asking for some relief for nursing homes related to Nursing Home Infection Control PRF payments. HRSA notified us today that they will not be making any changes to the reporting process or timelines for using the Nursing Home Infection Control payments providers have received. HRSA feels it has clearly communicated to nursing homes that they could wait to report their infection control expenses until they were reporting on how they used the NHIC payments received. However, HRSA offered an option for providers to correct a “true error” in their first report. It is likely this option applies to all who believe they’ve made an error in their first report, here are the steps to take:

- Contact the Provider Support Line (866-569-3522), tell them that upon review of your first report you realize you have made an error and ask them to unlock your first report so you can correct the error.
- The first person a provider speaks with at the Provider Support Line is unlikely to be able to assist with opening their report or approving this request so the provider should ask for their situation or request to be escalated.

PRF Repayment Letters – What they mean and what is next: HRSA shared some insights about the Repayment Letters some folks have received for “failure to comply” with the Period 1 PRF reporting requirements. First, they want providers to know these are NOT a Debt Collection Letter. However, a Debt Collection Letter will follow and will come from a “third party.” No time frame was given for when providers can expect these Debt Collection Letters. HRSA did note that the letters will provide important instructions for providers on how to return the funds, work out a repayment plan if needed, and/or the process for a provider to dispute or appeal this “failure to report” determination and repayment requirement.

KFF Survey Finds Medicaid Coverage Disruptions Likely When PHE Ends. A new 50-state [survey](#) of Medicaid and CHIP officials from the Kaiser Family Foundation found that as states plan for the end of the COVID-19 public health emergency, disruptions to services and loss of coverage are likely. Earlier this month, CMS provided [guidance](#) to states on winding down including resuming eligibility redeterminations and disenrollments for those covered under continuing enrollment requirements.

CMS' guidance provides states 14 months to conduct redeterminations, however the survey found that nine states plan to resume normal operations more quickly.

White House outlines costs of inaction on new COVID funding. The White House has reiterated its call for Congress to approve new COVID-19 relief funding. “We need Congress to provide the \$22.5 billion in emergency immediate funding,” the White House said today. The funding is needed for several efforts. First, to ensure there are adequate resources for vaccines, to accelerate research and development of next-generation vaccines that provide broader and more durable protection, and to purchase enough booster shots for all Americans if an additional shot is needed (also today, Pfizer/BioNTech said it will ask FDA approval for a second booster shot for people 65 and older).

Second, for more monoclonal antibody treatments. “We had planned to purchase additional monoclonals as soon as next week. Without additional funding, we are cancelling those plans. And as we will make clear to governors later this morning, we also need to cut the number of monoclonal antibody treatments we send to states by 30 percent starting next week,” the White House said today.

Third, for 1.7 million doses of preventative treatments for immunocompromised Americans : We have purchased 1.7 million doses of AstraZeneca’s Evusheld — all that they could produce to date. “Without more funding, the federal government will now be forced to scale back on that purchase. So, we’ll likely run out of treatments for our most vulnerable Americans by the end of the year, if not sooner,” the White House said. Fourth, funding for the uninsured fund to reimburse medical providers for caring for uninsured individuals. “HHS will begin to scale back this program starting next week and end it completely in early April,” the White House said. Fifth, funding for global vaccination efforts. Read more about the White House’s request [here](#).

MedPAC March report released. The Medicare Payment Advisory Commission (MedPAC) sent its regular March [report to Congress](#). The Commission recommended increasing payment for hospitals, LTC hospitals and dialysis centers. They also recommended “negative updates” for SNF, home health, and inpatient rehabilitation providers. Congress and the Administration typically consider MedPAC recommendations but rely on their own analysis to support changes in payment systems. The Commission also recommended that HHS require physicians, home health providers, and hospices to provide more information on the telehealth services they provide, to help policymakers assess the impact of the services on access, quality, and costs.

MACPAC March report released. The Medicaid and CHIP Payment and Access Commission also released its [March report](#). The first chapter fulfills a Congressionally mandated study of Money Follows the Person, which has supported more than 100,000 Medicaid beneficiaries in transitioning from institutional settings to community settings. The criteria for beneficiaries to qualify for MFP are different than the criteria for HCBS waivers. MACPAC Commissioners were asked to recommend whether they be aligned; they ultimately recommended not to make them the same because they lack empirical evidence to support such a decision.

CMMI Hosting Roundtable on Safety Net Provider Participation in Models. As part of CMMI’s [strategic objectives](#) to Advance Health Equity they will host a special roundtable discussion on how CMS can support safety net provider participation in value-based care and CMMI models. This roundtable will include discussion of how CMMI should define “safety net providers” for model design and recruitment. This roundtable is scheduled for Wednesday, March 16, from 1:00 - 3:00 PM ET. [Register here](#).

LeadingAge Immigration Priorities Addressed in the Omnibus Appropriations Bill. The FY 2022 Omnibus Appropriations Act increases funds to address immigrant visa backlogs; and, includes language to address LeadingAge priorities regarding the expedited renewal processing timelines on healthcare workers employment authorizations, and adopting visa processing improvements.

The FY 2022 omnibus appropriations bill provides the U.S. Citizenship and Immigration Services (USCIS) with \$275 million to address the backlogs and delays with processing refugee, asylum and immigration benefit applications. The funding will help many foreign health care workers who have been waiting for permission to enter the U.S. through employment-based visa petitions. Additionally, the omnibus appropriations act's accompanying report addresses two concerns that LeadingAge and a coalition of long-term and post-acute care (LTPAC) providers have advocated to change. While report language does not have the force of law, we are pleased the language addressed some of what we asked for. The omnibus appropriations bill includes report language that request:

- U.S. Citizenship and Immigration Service to review whether the Employment Authorization Applications Form can be more narrowly tailored to reduce paperwork and workloads, while still ensuring proper eligibility and security.
- Secretary of State, not later than 90 days after enactment of the bill, to submit a report to the Committees on Appropriations, regarding lessons learned from the pandemic -- including the adoption of remote services, the feasibility of increased interview waivers and remote visa interviews, and any other process improvements that would enhance consular services domestically and overseas.

Register for Collaborative Care Tech Summit. Registration is now open for the virtual [Collaborative Care Tech Summit](#) taking place June 7-8, 2022. This year's theme, "Connecting and Strengthening Workforce," will offer solutions to challenges LeadingAge members and other care providers are experiencing. [Learn more about the summit](#) and [register today](#) for invaluable insights on solving these workforce challenges.

New Webinar on the Hub. [Creating a Trauma-Informed Culture to Support Wellbeing](#)

Join LeadingAge and Jill Schumann on *Monday, April 11 from 2:00 - 3:30 PM ET* to delve into the details of how a trauma-informed care framework can be used to assess, guide, and create safety and support in your organization.

- Review the key principles of trauma-informed care and delve into the intersections of the COVID-19 pandemic and trauma-informed care.
- Explore the workplace practices and education needed to understand, recognize, and respond to the effects of trauma on older adults and their family members.
- Hear about tools and resources available to help organizations across aging services settings provide a supportive environment that builds resilience.

[Register Today](#)