



Nursing Home Weekly: Recap of LeadingAge Updates

March 24, 2022

There are NO Coronavirus Update Calls next week. There will be no Update calls during the Leadership Summit; no call on March 28 or March 30. Calls will resume on Monday, April 4, with plans announced soon. On **Wednesday, April 6**, the National Academies of Sciences, Engineering and Medicine will release its much awaited recommendations and report on nursing home quality, regulation and financing. On our **April 6, 3:30pm ET Update Call**, we will talk with **David Grabowski about the report** and his participation on the committee that wrote it. If you haven't registered for LeadingAge Update Calls, [you can do so here](#). You can also find previous call recordings [here](#).

Antibiotic Stewardship Communication from CDC. CDC recently released a [Nursing Home Communication toolkit](#) to help nursing home healthcare professionals better communicate with residents and families on antibiotic treatment expectations. Pressure from family members to prescribe antibiotics to nursing home residents when they may not be needed has been identified as an opportunity for providers to engage in discussion around appropriate antibiotic use. The first page of the "Effective Communication with Residents and Family" toolkit reviews a four-part communication strategy found to be effective in improving antibiotic prescribing in outpatient settings. Two nursing home-specific scenarios applying these principles are presented afterwards.

Upcoming NHSN Training. CDC will host 2 webinars next week (March 29 and March 31 at 2pm ET) on a new Event-Level COVID-19 Vaccination Form. This form is based on the "Data Tracking Worksheets" currently available in excel spreadsheet format. The form has not been built into the NHSN module to assist providers in managing and reporting person-level vaccination data. The content for both webinars will be the same, so NHSN users should attend only one. Register for the March 29 webinar [here](#). Register for the March 31 webinar [here](#).

Provider Relief Action Alert. Tell Congress to Fund Provider Relief Program. We need your help to ensure that there is enough pandemic relief funds for aging services providers as the pandemic continues. While Congress allocated \$178 billion for Provider Relief Funds during the pandemic, most of this money has already been spent and providers have only been reimbursed for a small portion of the financial cost they have paid from the coronavirus pandemic. Providers have continued to struggle financially and if additional funds are not approved by Congress, there is a chance that this financial lifeline for LeadingAge members could cease to exist.

We need Congress to replenish the Provider Relief Fund account with at least \$23 billion as part of its next COVID relief package. This assistance is needed to help providers weather the pandemic storm. Aging service providers need the \$23 billion restored to the Provide Relief Fund. Send a message to your Congressional offices and urge them to provide more provider relief today by visiting here: <https://mobilize4change.org/pdxgNWG>

Status of Provider Relief Fund: Here is an [article](#) on the status of payments from the Provider Relief Fund including Phase 4 and ARP Rural. It includes links to the letter Katie sent to Congress last week asking it to replenish the PRF and info on the [Action Alert](#) for members.

HRSA Says Providers Can Correct PRF Reporting Errors: In this [article](#), Nicole outlines how providers can make corrections to their first period PRF report. One important situation where this could be used is for nursing home members who reported all their infection control expenses in the first PRF report and now don't have any infection control expenses to use for the second report to offset against the Nursing Home Infection Control (NHIC) dollars they received. However, they must make these corrections to their first report before completing and submitting their second PRF report, which is due on March 31 at 11:59 p.m ET. If the errors are not corrected, these providers may have to return the NHIC dollars they received.

Provider Relief Fund 2nd Period Reporting Deadline – March 31, 2022 at 11:59 p.m. ET. Providers must submit their reports to HRSA for PRF funds received between July 1 – December 31, 2020. This includes Phase 2 and 3 funds plus Nursing Home Infection Control (NHIC) payments and related Quality Incentive Payments (QIP). The latter are considered targeted payments and therefore, the nursing home that received them must report on how they were used for infection control expenses. Even if a nursing home is part of a larger organization, their parent organization cannot report for them on the NHIC and QIP payments. This reporting period also is the first time assisted living and home and community-based services providers have had to report. Members can contact [Nicole Fallon](#) if they have questions on reporting or are unsure which payments must be reported upon.

Interview with Katelyn Jetelina. On Wednesday's update call, we spoke with Katelyn Jetelina, "Your Local Epidemiologist." [Here's](#) an article covering some of her commentary. She strongly urged everyone in the general community to monitor transmission levels in their own communities. She said if they are below 50 cases per 100,000 people, "you can relax a bit." If they go above 50, it's time to take more precautions in the community, like wearing masks.

OSHA Accepting Additional Comments on COVID-19 Healthcare Standard. OSHA published a [notice](#) reopening the rulemaking record and scheduling an informal public hearing seeking comments on the development of a final standard to protect healthcare workers from workplace exposure to the COVID-19 virus. Written comments are due April 22, 2022. Individuals interested in testifying at the hearing can submit a notice of intent to appear within 14 days of the [Federal Register notice](#) that was published today. The online hearing will begin on April 27, 2022 and continue on subsequent days if necessary. The agency is reopening the rulemaking record to allow for new data and comments on topics, including the following:

- Alignment with the Centers for Disease Control and Prevention's recommendations for healthcare infection control procedures.
- Additional flexibility for employers.
- Removal of scope exemptions.
- Tailoring controls to address interactions with people with suspected or confirmed COVID-19.
- Employer support for employees who wish to be vaccinated.
- Limited coverage of construction activities in healthcare settings.
- COVID-19 recordkeeping and reporting provisions.
- Triggering requirements based on community transmission levels.
- The potential evolution of SARS-CoV-2 into a second novel strain.

- The health effects and risk of COVID-19 since the ETS was issued.

We will review the ***Federal Register*** notice issued and plan to submit comments before the deadline. We will keep you posted on any other developments.

Advisory Committee Looks at Seniors and Disaster Relief. Next Wednesday, March 30 from 1:00 - 3:30 PM ET the Assistant Secretary for Preparedness and Response and the Assistant Secretary for Aging and Acting Administrator for Community Living will [host](#) the joint inaugural meeting of the National Advisory Committee on Seniors and Disasters (NACSD) and National Advisory Committee on Individuals with Disabilities and Disasters (NACIDD). These committees are tasked with evaluating issues and programs and providing recommendations to the Secretary of Health and Human services on how to support and enhance all-hazards public health and medical preparedness, response, and recovery activities to meet the unique needs of older adults' and individuals with disabilities.

New Medicare OIG Report. The HHS Office of the Inspector General (OIG) released a new [report](#), examining the use of telehealth services in Medicare during the first year of the pandemic, declaring that telehealth was critical during this time period for Medicare beneficiaries. The report also looks at the growth of telehealth services, the types of telehealth services most commonly used, and the extent to which beneficiaries also used in-person services. The report provides insight into the use of telehealth in both Medicare fee-for-service and Medicare Advantage during the first year of the COVID-19 pandemic, from March 2020 through February 2021. The report looks at the growth of telehealth services, the extent to which beneficiaries also used in-person services, and the types of telehealth services most commonly used. It is a companion to a report that examines the characteristics of beneficiaries who used telehealth during the pandemic. This information can help CMS, Congress, and other stakeholders make decisions about how telehealth can be best used to meet the needs of beneficiaries in the future.

LeadingAge Presents on BCAT Family Matters: The BCAT has developed a Family Matters Interview Series, geared towards family members of older adults who are looking for support and guidance in navigating the various care options available. LeadingAge offered content for the March 18 session, which focused on understanding the difference between Independent and Assisted Living. You can watch and share the video [here](#).

CDC Community Transmission Rates for Healthcare Settings. We've received questions about the CDC Community Transmission Rates by which nursing homes determine the frequency of routine staff screening testing. Despite CDC's recent release of COVID Community Levels, nursing homes should continue to access Community Transmission Rates to determine testing frequency. The Community Transmission Rates continue to be identified by red-orange-yellow-blue coding. If you are looking at green/blue coding, you are looking at the wrong rates. The easiest way to access the Community Transmission Rates is to go to the [CDC Recommendations for Healthcare Settings](#) and click on the link to [community transmission rates](#) link at the top of the page.

CMS Quality Measures Thresholds Recalibration. CMS recently included an announcement in the Provider Preview Reports through the iQIES system that the quality measures thresholds by which 5 Star Quality Ratings are calculated will be recalibrated beginning with the April 2022 refresh. Thresholds will increase at a rate of 50% of the previous rate of improvement and will recalibrate every 6 months. This recalibration strategy was first announced in a [QSO memo](#) in October 2019 with anticipated implementation of April 2020. The implementation was delayed due to the onset of the COVID-19 public health emergency; however, CMS intends to move forward with the recalibration at this time.

The Demographic Drought – no one to work in aging services! [Here's](#) a summary of our discussion with Ron Hetrick, senior labor economist with EMSI Burning Glass, who wrote about the challenges created by aging baby boomers – they are leaving the workforce and concurrently arriving at the need for aging services. There are not enough people in subsequent generations to serve them. Ron believes that families are going to have to get more involved in providing care to their aging relatives because there aren't enough staff. He suggested the country needs immigration solutions. He further suggested that provider organizations (and all employers) look outside the box for solutions that haven't been tried before. For instance, he said when you find a candidate, act quickly; have your senior leaders, even your CEO, offer the position. He also said it might be wise to see if people who want to work less than full time could split a position. Ron says he does not think the easier availability of health insurance provided by the ACA was encouraging younger people not to work.

CDC Recommendations for Vaccine Intervals: CDC has now updated vaccine interval recommendations for both mRNA COVID-19 vaccines. Pfizer has a recommended interval of 3-8 weeks between dose 1 and dose 2 in the primary series. Moderna has a recommended interval of 4-8 weeks between dose 1 and dose 2 in the primary series. More information on vaccine schedules is available [here](#). Our understanding from CMS is that additional documentation is not required for determining compliance with the CMS vaccine mandate for staff members who may opt for an extended interval.

FROM HHS:

- 1. COVID-19 Vaccines Continue to Protect Against Hospitalization and Death Among Adults:** CDC [released a statement that COVID-19 vaccination continues to help protect adults against severe illness with COVID-19](#), including hospitalizations and death, according to two reports released in last week's *MMWR*. During Omicron, COVID-19-associated hospitalization rates increased for all adults, regardless of vaccination status, but rates were 12 times higher among adults who were unvaccinated compared to adults who received a booster or additional doses. Hospitalization rates were also highest among non-Hispanic Black adults and nearly 4 times as high among Black adults than White adults during the peak of Omicron. CDC continues to recommend that everyone 5 years and older stay up to date on their COVID-19 vaccines, including a booster dose for those who are eligible. We also must work to ensure everyone has equitable access to vaccines and treatments by focusing efforts on reaching people who have been disproportionately affected, so that they can be protected from the effects of the virus, including severe illness, hospitalization, and death.
- 2. FDA to Hold Advisory Committee Meeting on COVID-19 Vaccines to Discuss Future Boosters:** The U.S. Food and Drug Administration (FDA) [announced a virtual meeting of its Vaccines and Related Biological Products Advisory Committee \(VRBPAC\)](#) on Wednesday, April 6, to discuss considerations for future COVID-19 vaccine booster doses and the process for selecting specific strains of the SARS-CoV-2 virus for COVID-19 vaccines to address current and emerging variants. Along with the independent experts of the advisory committee, representatives from the U.S. Centers for Disease Control and Prevention and the National Institutes of Health will participate in the meeting.

Leaders of Color Network Spring Event. As LeadingAge is committed to building an equitable and inclusive aging services community, we are excited to launch the [Leaders of Color \(LoC\)](#) Network, a professional networking group for senior, mid-level, and emerging leaders of color employed by LeadingAge member organizations. [Join the over 100 members of the network](#) today to connect with peers and fellow LeadingAge members to share challenges and success stories related to negative work-related issues around race and racism, exchange resources and ideas, and to hear from experts on topics

reflecting the expressed needs and interests of people of color within our field. [Register for our first event](#) on April 8, 2-3:30 p.m. ET, to learn from leaders about supports for career advancement and how to be an influencer at your organization and in the community.

Limited Seats Available: Committing to Diversity, Equity, and Inclusion. DEI work requires leaders and organizations to take intentional actions to drive progress within our field. The journey is long and often amorphous, so determining ways to impact real change can feel overwhelming. That's why LeadingAge is hosting a shared learning series, where providers can hear from experienced DEI practitioners and subject-matter experts, engage in peer-to-peer learning, and conduct self-reflection to enhance their understanding of the principles and practices associated with moving the work of diversity, equity, and inclusion forward. [Learn more and register today.](#)

Join Us in One Week! 2022 LeadingAge Leadership Summit. In just one week, LeadingAge members, businesses, and policy experts will meet in person at the [2022 LeadingAge Leadership Summit](#). Hundreds of your colleagues have already made this event a priority for this year. Are you joining your peers in Washington, D.C. March 28-30 for this must-attend event for leaders in aging services? [Register while there's still time](#) (day passes are available)!

New Workshop: Building Positive Perceptions with Partnerships and Events. Learn how to build public partnerships and community events that showcase how your organization helps older adults thrive. This live, virtual workshop will focus on applying the research-backed communications strategies of LeadingAge's new [Opening Doors to Aging Services](#) initiative that introduces the public to aging services. The March webinar is the third in the four-part series. Registrants for this event will receive a recording of the presentation and a 10% discount on the final event in the series. Thursday, March 24, 2-3:30 pm ET. [Register today](#)