

# Nursing Home Weekly: Recap of LeadingAge Updates

March 26, 2021

**LeadingAge Coronavirus Update Call Lineup for Next Week. Vaccine confidence with Black Coalition Against COVID Co-founder; a cool new COVID tracker; and staff turnover research. All calls at 3:30 Eastern time.** Join us on Monday, March 29 to hear from our [town hall](#) partner, Reed Tuckson, a founder of the Black Coalition Against COVID. He will talk about vaccine confidence, what can be done to influence it, and whether staff acceptance, particularly staff of color, is changing. On Wednesday we'll talk with Dave Wilkinson head of Yale's Tobin Center for Economic Policy and former WH appointee, who will bring a new tool for understanding a nursing home's risk level based on staff movement across multiple providers. And on Thursday, Ashvin Gandhi, lead author of "[High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information](#)," in Health Affairs this month.

**Sequester moratorium passes the Senate.** A continuation of the 2% sequester moratorium that would last through December 2021 passed the Senate today by a vote of 90-2. The House still needs to vote on the Senate's version and will not do so until at least two weeks from now after the Congressional recess. However, the bill is written so that the moratorium does not break so it should not ultimately impact payment. This version did not include a waiver of the statutory pay-as-you go (PAYGO) cuts triggered by the last reconciliation bill. These cuts are not due to go into effect until the end of the year so there will be other chances to waive those cuts.

**Reminder on accelerated and advanced payments:** For those providers that took Medicare accelerated or advanced payments, the recoupment will likely start next month – April – because that is when a majority of the loans were made. If you took them at a different time of year, the repayments start 1 year from when you took the loan. [Here](#) is an article describing the revised terms of the Medicare accelerated and advanced payment program that passed in September for which LeadingAge advocated.

**Last Call for Your Provider Relief Fund needs.** This is the last call for folks to share their experience with Provider Relief Funds and whether more is needed through our [Provider Relief Fund Survey](#). Your responses are critical to helping us make the case to Congress for why we need them to appropriate more to PRF to survive the effects of the coronavirus. Thanks to all who have already contributed to the survey.

**BINAX Cards still coming from US HHS.** We met with HHS Office of the Secretary staff to discuss how HHS is handling distribution of the 50 million BINAX cards they announced they (and the Department of Defense) purchased. All nursing homes and all assisted living providers with CLIA waivers that are in red or yellow counties should be continuing to receive sufficient numbers of BINAX cards directly from HHS. There has been no interruption in the distribution process. If you meet the description of a provider who should be receiving BINAX cards but are not receiving the cards from HHS please send Eram ([EAbbasi@leadingage.org](mailto:EAbbasi@leadingage.org)) the following information and we'll bundle it to send to HHS: provider identification number; name of provider organization; name of contact person; address to which the cards should be sent. In addition, we are working with HHS to determine how to continue to provide BINAX cards to other providers who need them and who have CLIA waivers; ultimately, this will be expanded to others who do not have CLIA waivers, if possible.

**Nursing Home Round Table Advisory Group meeting.** The Nursing Home Round Table Advisory Group will hold its regular monthly meeting on Tuesday, March 30 at 2:00 PM Eastern time. The featured speaker is Kara Jacobs Slifka from CDC to talk about long-term care guidance. The agenda also includes policy updates from Jodi and Janine and member discussion of trending issues and questions. Nursing home providers and other members of LeadingAge who want to join the monthly discussion of the Nursing Home Round Table Advisory Group can email Jodi ([JEyigor@leadingage.org](mailto:JEyigor@leadingage.org)) to sign up for the group and receive the zoom details as well as be notified of future meetings.

**Live Event for Nursing Home and Acute Care Providers.** Are you ready for 1135 waivers to sunset and regular safety surveys to resume? Join us April 8 for a live webinar that will cover what you and your team need to know as you return to pre-pandemic operations. [Register today.](#)

**Funeral Costs for COVID-19-Related Deaths:** In early April, FEMA will begin [providing financial assistance for funeral expenses incurred after Jan. 20, 2020 for deaths related to coronavirus](#) (COVID-19) to help ease some of the financial stress and burden caused by the pandemic. The policy was finalized yesterday, and FEMA is now moving rapidly to implement this funeral assistance program nationwide. To find out if you qualify, view the [COVID-19 funeral assistance program policy.](#)

**Medicare COVID-19 Data Snapshot:** CMS released an updated data snapshot detailing the [impact of COVID-19 on Medicare beneficiaries](#), particularly among underserved beneficiaries including racial and ethnic minorities, adults 85 years old and older, and people with certain pre-existing conditions. More than 2.7 million beneficiaries were diagnosed with COVID-19 during the snapshot period, and nearly 700,000 beneficiaries were hospitalized with COVID-19, based on a review of services provided January 1, 2020 to December 26, 2020 (for claims received by January 22, 2021).

**Predicting ‘Long COVID Syndrome’ with the Help of a Smartphone App:** Researchers developed a [COVID Symptom Study’s smartphone-based app](#). Analyzing data from 2.6 million app users, researchers published a paper last summer showing that self-reported symptoms can help to predict infection with SARS-CoV-2. New work from the COVID Symptom Study now takes advantage of the smartphone app to shed more light on [Long COVID Syndrome](#), in which people experience a constellation of symptoms long past the time that they’ve recovered from the initial stages of COVID-19 illness. The team found that the individuals most likely to develop Long COVID were older people, women, and especially those who experienced five or more symptoms. The nature and order of symptoms, which included fatigue, headache, shortness of breath, and loss of smell, didn’t matter. People with asthma also were more likely to develop long-lasting symptoms, although the study found no clear links to any other pre-existing health conditions. Using this information, the researchers developed a model to predict which individuals were most likely to develop Long COVID. Remarkably, this simple algorithm—based on age, gender, and number of early symptoms—accurately predicted almost 70 percent of cases of Long COVID. It was also about 70 percent effective in avoiding false alarms.

**Virtual Lobby Day Registration Update. Deadline Extended To Register For LeadingAge’s Virtual Lobby Day to March 26.** Join your fellow LeadingAge members in telling your story and being an advocate for your community. Register for this year’s Virtual LeadingAge Lobby Day and help to ensure your senators and representatives are aware of your organization’s critical work. This year, as aging services providers begin the process of rebuilding in a post-crisis world, it’s more critical than ever to make our voices heard. [Register by Friday, March 26](#) and we will schedule and help you prepare for your meetings on our Virtual Lobby Day.

**Please take action. Medicare PAYGO and Sequester update.** Senate Majority Leader Schumer has worked out a deal with Sen. McConnell and is working fast to bring this legislation up for a vote in the next few days. This agreement prevents Medicare rate cuts across all providers, including home health agencies, hospices, PACE organizations and skilled nursing facilities (SNFs). Today we sent an action alert to all members and we ask that you forward to your members as well in your newsletters. The link to the action alert is at: <https://mobilize4change.org/awfExVI>

**CDC distributing vaccine doses directly to LTC pharmacies.** We've been advocating with CDC every chance we get for them to distribute vaccine doses directly to long-term care pharmacies. They told us today that this past Thursday they sent 14,000 doses to the hundreds of LTC pharmacies enrolled in the Retail Program. They sent another 14,000 today and will continue to send doses every week, as needed. CDC will determine how much to send by keeping in close touch with LTC pharmacy partners. Provider organizations do not have to have been part of the Pharmacy Partnership. This is a new program and has nothing to do with the Partnership. Any organization that already has a LTC pharmacy relationship, for example a PACE provider, will benefit from this. In addition, LTC pharmacies are free to offer services or clinics to other aging services provider types, using these doses. States can still allocate additional doses to LTC pharmacies and/or in other ways to connect doses to people who use and work in aging services.

**...and more supply, coming soon.** CDC also told us today that supply of vaccine doses will increase dramatically in April and May because all three manufacturers are ramping up production. Increasing numbers of doses will be sent to states. The CDC lead staffer talking about vaccines specifically noted that many states are working on plans to help hospitals routinely vaccinate people before discharge; states are also exploring ways to get people vaccinated before they enter long-term care/aging services settings.

**LeadingAge testimony on Workforce grants.** LeadingAge submitted written [testimony](#) to the House Ways and Means Worker and Family Support Subcommittee, on the March 10, 2021 hearing titled "Health Profession Opportunity Grants; Past Successes and Future Uses." The hearing addressed the Health Profession Opportunity Grant program – or HPOG program – which provides a pipeline of direct care professionals who provide healthcare to our aging population. HPOG grants are awarded to organizations that provide education and training to Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals. Participants can complete licensing or certification as home health aides, personal care aides, CNAs and RNs. It also provides essential wrap around services to the program grantees, which helps to ensure high completion rates and potential for job placement and retention. LeadingAge supports permanent authorization of the HPOG program prior the demonstration cycle ending in September 2021.

**Drive for 75: Week 4 Highlights.** This week, we learned the good news from an OnShift survey that vaccine acceptance is on the way UP amongst aging services' employees! Also, a donut incentive from Krispy Kreme was an example of how FOMO- Fear of Missing Out – can be used as a motivational tool to get people to get vaccinated. And finally, members can use materials from the Ad Council's "It's Up to You" Campaign to educate, motivate, and inspire people to get vaccinated. [This article](#) summarizes the broadcasts and resources.

**LeadingAge Webinar On BD Veritor Imagemover App For Members.** On Tuesday, March 23, LeadingAge held a member only learning session with BD on a new app. BD recently announced that Veritor users will now have access to the ImageMover mobile app available on iOS and Android. With the ImageMover app, BD Veritor users will now be able to efficiently register patients, obtain and track consent forms, enter, view and share results, and also automatically report these results to the appropriate state and federal agencies. The session overview includes a power point presentation from BD team members and a Q and A about the capabilities of the app. Access our training webinar with BD staff to learn more about this tool. The on-demand training can be [found here](#).

**New vaccines interview with Sara Oliver.** [Here](#) is an article summarizing key points raised in the interview with Dr. Sara Oliver, the lead staffer at CDC COVID-19 ACIP Work Group. She repeats the same message we've been hearing: all the vaccines approved so far are good. If you are offered any of them, accept the offer!

**NHSN Focus Group.** We learned today (from a LeadingAge state partner) that NHSN users are receiving emails about participating in a focus group studying experiences of CNAs and Environmental Services staff in nursing homes. The emailed invitation is being sent to the person listed in NHSN as the Facility Administrator and is from the Prevention and Response Branch of the Division of Healthcare Quality Promotion at CDC. We checked with CDC – this is a legitimate request and members can feel free to participate in the focus groups.

**COVIA's Well Connected program resources.** Amber Carroll spoke on the LeadingAge Coronavirus Update Call about COVIA's virtual Well Connected program. Here are posters on the [Well Connected](#) and [Well Connected Espanol](#) programs. These programs are available at no cost to all older people, no matter where they live (including in the community, independent of any services). There are also opportunities to volunteer to work in these programs. For an idea of the offerings, here are the links to the Winter 2021 sessions: [Well Connected Catalog](#); [Well Connected Espanol Catalog](#); and here is information about [Social Call](#), a program that matches individuals from all over the country for weekly friendly phone chats.

Here are forms for individuals to register for these programs and to register to volunteer for any of these programs: [Well Connected/Social Call Registration Form](#); [Well Connected Español Registration Form](#); [Volunteer Application](#). People can also register for Well Connected and/or Social Call by phone by calling: (877) 797-7299. Contact COVIA for additional information about subscribing housing communities to these offerings.

**Real-World COVID-19 Vaccine Effectiveness in Healthcare Workers:** A study funded and led by the CDC **CDC distributing vaccine doses directly to LTC pharmacies.** We've been advocating with CDC every chance we get for them to distribute vaccine doses directly to long-term care pharmacies. They told us today that this past Thursday they sent 14,000 doses to the hundreds of LTC pharmacies enrolled in the Retail Program. They sent another 14,000 today and will continue to send doses every week, as needed. CDC will determine how much to send by keeping in close touch with LTC pharmacy partners. Provider organizations do not have to have been part of the Pharmacy Partnership. This is a new program and has nothing to do with the Partnership. Any organization that already has a LTC pharmacy relationship, for example a PACE provider, will benefit from this. In addition, LTC pharmacies are free to offer services or clinics to other aging services provider types, using these doses. States can

still allocate additional doses to LTC pharmacies and/or in other ways to connect doses to people who use and work in aging services.

will evaluate how well COVID-19 vaccines prevent laboratory-confirmed, symptomatic [COVID-19 in healthcare workers in the “real world,”](#) outside of a clinical trial. The study, currently enrolling healthcare workers at 34 sites nationwide, is one of many projects analyzing the real-world protection afforded by COVID-19 vaccines. CDC is leveraging four existing programs, each with multiple sites, to evaluate COVID-19 vaccine effectiveness among healthcare workers across 26 states:

[Arctic Investigations Program \(AIP\)](#) – two sites

[Emerging Infections Program \(EIP\)](#) – 10 sites

[Preventing Emerging Infections through Vaccine Effectiveness Testing \(Project PREVENT\)](#) – 16 sites

[Safety and Healthcare Epidemiology Prevention Research Development \(SHEPherD Program\)](#) – six sites

Vaccine effectiveness studies allow researchers to assess how well vaccines protect people from illness in real-world conditions. The real-world effectiveness of vaccines may be affected if vaccination process requirements, such as vaccine storage and dosing intervals, are less strictly adhered to than they were in clinical trials. These real-world effectiveness studies may also enable researchers to evaluate vaccine effectiveness in groups not included in clinical trials, such as people with underlying medical conditions. Additionally, they can help inform COVID-19 vaccine policy decisions made by the U.S. Advisory Committee on Immunization Practices.

**Dining and activities for nursing home residents.** We have heard from many members of a desire to relax recommendations around dining and activities for nursing home residents. You will recall that we addressed this need with CMS last week and brought it to the attention of CDC today. There are no changes at this time, but both agencies will be evaluating opportunities to address this need.

**NHSN issues.** We have heard from members who are still having trouble getting timely access to SAMS Level 3. We also heard today about experiences of providers uploading data seemingly cannot be tracked in the system, resulting in CMPs. No system-wide issues or glitches have been identified by CDC but they will be looking into this. Please let us know if you hear of members having these issues: 1) extraordinarily long processing times for SAMS Level 3 access or 2) disappearing data on required reporting.

**CDC MMWR on vaccination effectiveness in SNFs.** CDC released an [MMWR](#) last week that studied effectiveness of the Pfizer COVID-19 vaccine in 2 Connecticut SNFs experiencing outbreaks between their first and second on-site vaccination clinics. Records review indicated that the COVID-19 vaccine was 63% effective at preventing infection among partially-vaccinated residents (defined as residents who were 14 days post-vaccination for the first dose up to 7 days post-vaccination of the second dose). This finding is consistent with rates in the general population. While this finding indicates that there is some protection from only a single dose of the Pfizer vaccine, CDC continues to recommend that all individuals and in particular individuals living in skilled nursing and nursing facility settings receive both doses of the Pfizer vaccine for maximum protection.

**Human Rights Watch Nursing Home Report.** This week Human Rights Watch released a new report looking at nursing homes and COVID-19. *US: Concerns of Neglect in Nursing Homes* is based on interviews with 61 people, including residents, family members, nursing home staff, advocates, attorneys, and experts in the sector, as well as responses to an online survey. The NGO asked LeadingAge to respond to a set of questions related to the report earlier this year (though we did not

have access to their findings at that time). Our [letter](#) in response illuminates the challenges the pandemic created for nursing homes, and reiterates that LeadingAge and our members are committed to resolving the short and long-term challenges that the crisis highlighted. The report is available at [hrw.org](http://hrw.org).

**Responding to Human Rights Watch Report.** Note that early Thursday morning, Human Rights Watch released a new report looking at nursing homes and COVID-19. *US: Concerns of Neglect in Nursing Homes* is based on interviews with 61 people, as well as responses to an online survey. The NGO asked LeadingAge to respond to a set of questions related to preliminary findings earlier this year. Our [letter](#) in response illuminates the challenges the pandemic created for nursing homes, and reiterates that LeadingAge and our members are committed to resolving the short and long-term challenges that the crisis highlighted. The report is available at [hrw.org](http://hrw.org). A reminder to you all that we've got nursing home materials, backgrounders, releases and talking points from the past weeks and months that you can reference should you get media queries about the report:

[Care For Our Seniors Act](#) (webpage)

[Care For Our Seniors Act](#) (talking points)

[Nursing Home Reform & Accountability](#) (messages 3/13/21)

[LeadingAge Statement on CMS' Revised Nursing Home Visitation Guidance](#) (statement 3/10/21)

[AARP + Nursing Homes](#) (messages 3/5/21)

[LeadingAge Calls For Federal Government To Ease Nursing Home Visitation Guidelines](#)(statement 2/24/21)

[Nursing Home COVID Overview](#) (backgrounder 2/10/21)

[A Timeline of COVID's Impact on Older Americans](#) (backgrounder 2/10/21)

[Paying For U.S. Nursing Home Care Snapshot](#) (backgrounder 2/10/21)

**Oversight Subcommittee of the House Ways and Means Committee – Hearing on Examining Private Equity's Expanded Role in the US Health Care System.** Today the Oversight Subcommittee of the House Ways and Means Committee held a hearing examining the expanded role of private equity in healthcare. The hearing witnesses were Sabrina Howell, a professor at New York University; Terris King, a former CMS official; Ernest Tosh, an attorney and data analyst; Milly Silva, VP for SEIU 1999 healthcare workers union; and Grace Colucci, from Voices for Seniors, who lost her father to COVID-19 in New York.

Professor Howell highlighted the [research paper](#) she co-authored regarding the increase of private equity in nursing homes and its impact on quality of care. The data showed that living in a private equity controlled nursing home led to a 10% higher increase of mortality and that coincided with decreased nursing and staffing hours while the use of anti-psychotic medications and Medicare billing increased. Moreover, private equity investment has increased dramatically since 2015, the last year that data was analyzed for the research paper. Mr. King mentioned that another issue that needs to be explored is whether private equity investment may have some impact on the health equity issues we are seeing. Mr. Tosh mentioned that the understaffing leads to negative outcomes and the lack of transparency makes it hard to really address all of these issues.

Based on the witness testimony some of the solutions floated were additional transparency in ownership and/or financial disclosures or reporting requirements. Also the idea was raised that an interagency task force be assembled to take a look at these issues. Although the focus was on nursing

homes, it was mentioned on a couple of occasions that private equity has increased also with hospitals, physician groups, and other healthcare entities over the last few years. There will be more hearings or legislation on these issues and we will continue to follow. [Here](#) is a link to the hearing and the written testimony.

**New Membership Opportunity for Students.** The LeadingAge Student Membership creates opportunities to address the aging services workforce crisis and engages a set of stakeholders to bring innovation to our work. Students now have access to LeadingAge national and state partner career development resources, peer-to-peer connections, and member resources to thrive. Students complete just [one application](#) to get both national and state complimentary memberships to launch a career in aging services. Help us to spread the word and build the next generation of leaders in our field. Visit the [website](#) to explore the benefits and qualifications, and share the opportunity with your networks!

**Quick Access to Expertise.** Looking for expert access on the quick? Free [QuickCasts](#) offer on-demand, short-form learning opportunities. Check out this new offering - Fostering Emotional Wellbeing Among Team Members: In this 19-minute QuickCast, Kelly O'Shea Carney [explains why a comprehensive systems approach](#) to supporting the emotional wellbeing of all members of the organization is so important.