



Nursing Home Weekly: Recap of LeadingAge Updates

April 16, 2021

NO UPDATE CALL ON WEDNESDAY, APRIL 21 – It’s LeadingAge Virtual Lobby Day! Calls on Monday and Thursday at 3:30 to feature new Johnson and Johnson information as it emerges from CDC, as well as a look at a county public health system that has figured out how to find and vaccinate homebound people and some new tools for infection control. On Monday, April 19, Maureen Linehan from the King County (WA) Public Health Department will talk about how her agency geared up to find homebound older adults and got them vaccinated. Callers from other locations will find ideas worth talking to their own public health departments about. On Thursday, Lisa Thomson and Sue LaGrange from LeadingAge Partner Pathways Health will join us to talk about the new infection control toolkit. The best practices learned during the pandemic will be applicable well beyond the nursing home setting. If you haven’t registered for Update Calls and wish to, you can do so [here](#).

Virtual Lobby Day Resources. Every registered attendee will receive a link to access the Advocacy Day meeting platform that will have individual schedules, talking points, resources and connections to other meeting attendees. Here are some links to some other key resources:

LeadingAge Virtual Lobby Day Talking Points and Resources: www.leadingage.org/lobby-day-2021

Open Office Hours For Questions and Lobby Day Information – 2pm Eastern on Friday, April 16th and Monday, April 19th – [Zoom Link Here](#)

Recording of the Know Before You Go Lobby Day Training [is here](#)

Interview with Josh Sharfstein about Johnson & Johnson pause. Thursday on our 3:30 Update call, Josh Sharfstein, Vice Dean for Public Health Practice and Community Engagement at Johns Hopkins University and former Secretary of the Maryland Department of Health and Mental Hygiene, Principal Deputy Commissioner of the U.S. Food and Drug Administration, and Commissioner of Health for Baltimore City, spoke about the J & J vaccine pause and the implications for aging services providers, including those whose residents/patients have already received this vaccine. [Here’s an article](#) summarizing the interview. In short, the decision was made out of an abundance of caution and older adults who have received the J & J vaccine probably “have other things that are more important to worry about.” Dr. Sharfstein has been interviewed widely in the media on this topic over the past few days.

CDC Johnson and Johnson information, CDC-CMS call for Nursing Home Stakeholders, and Clinician call on CVST. CDC posted a new landing page, [“Recommendation to Pause Use of Johnson & Johnson’s Janssen COVID-19 Vaccine.”](#) Staff suggest checking back regularly as it will be updated regularly. Equally important for aging services providers, CDC has assured us that they are working hard on ensuring that the J & J pause does not cause any interruption in the distribution of vaccines to LTC pharmacies. Additional information on that is forthcoming; we will pass it on to you as we receive it.

This issue will be covered in the joint CMS-CDC Coronavirus Nursing Home Stakeholder Call on Wednesday, April 21 at 4 PM Eastern. You can register for the call [here](#). Recordings are also posted on the CMS website, so you can listen to the presentation afterwards. A full listing of topics to be covered:

- Vaccine Updates & Recommendation to Pause Use of Johnson & Johnson's Janssen COVID-19 Vaccine
- Pharmacy Partnership for Long-Term Care (LTC) Program updates
- Long-term Care Emergency Regulatory Waivers Issued in Response to COVID-19
- Community Champions

In addition, in the CMS Clinician Outreach and Communication Activity (COCA) call for clinicians, the latest evidence on cerebral venous sinus thrombosis (CVST) was presented along with information about early detection and vaccine recommendations. You can find the PPT deck and a recording of the clinicians' call [here](#).

USDA is Soliciting Applications for Telemedicine Grants: Due June 4, 2021. The US Department of Agriculture (USDA) is soliciting applications for their **Distance Learning and Telemedicine (DLT) grant program**. Aging services organizations can apply for this grant to buy the equipment and software necessary to deploy telemedicine services to rural residents. Grant funds may be used for: Acquisition of eligible capital assets, such as: Broadband facilities; Audio, video and interactive video equipment; Terminal and data terminal equipment; Computer hardware, network components and software; and Inside wiring and similar infrastructure that further DLT services. Acquisition of instructional programming that is a capital asset. Acquisition of technical assistance and instruction for using eligible equipment. Applications must be **submitted electronically** through grants.gov no later than **June 4, 2021**

FROM HHS:

FEMA Vaccination Sites: FEMA [continues working with state governments to open additional federal pilot community vaccination centers](#), which include federal support and supplemental vaccine allocations. Yesterday, centers were scheduled to open in Pueblo, Colorado, St. Paul, Minnesota and Columbia, South Carolina. Later this week, a center will open in Baton Rouge, Louisiana. FEMA mobile vaccination units have begun operations. These vehicles can bring vaccinations to hard-to-reach and high-risk populations who cannot access services from fixed sites.

FEMA Funeral Assistance: FEMA [began processing applications for funeral assistance](#) on April 12 and as of yesterday has received more than 56,000 funeral assistance applications. The agency is providing financial assistance for COVID-19-related funeral expenses that occurred after Jan. 20, 2020 and going forward. Please know there is no deadline to apply and applicants will have the ability to open a case. Applicants may apply by calling 844-684-6333 (TTY: 800-462-7585) from 9 a.m. to 9 p.m. ET, Monday through Friday. Multilingual services are available.

Update on Excess Deaths Associated with the COVID-19 Pandemic: CDC released an *MMWR* containing [notes from the field with an update on excess deaths associated with the COVID-19 pandemic](#). Estimates of excess deaths, defined as the number of persons who have died from all causes, above the expected number of deaths for a given place and time, can provide a

comprehensive account of mortality likely related to the COVID-19 pandemic, including deaths that are both directly and indirectly associated with COVID-19. Since April 2020, CDC's National Center for Health Statistics (NCHS) has [published weekly data](#) on excess deaths associated with the COVID-19 pandemic. A [previous report](#) identified nearly 300,000 excess deaths during January 26 – October 3, 2020, with two thirds directly associated with COVID-19. Using more recent data from the National Vital Statistics System (NVSS), CDC estimated that 545,600–660,200 excess deaths occurred in the United States during January 26, 2020 – February 27, 2021.

Long-term Care Facility Residents: CDC updated their information for long-term care facility (LTCF) residents on how to get a COVID-19 vaccine. If you have not already been vaccinated against COVID-19, you can: talk to the LTCF staff to determine if a vaccine can be made available to you on site and/or ask a family member or friend to help you [schedule a vaccination appointment](#) if a vaccine is not available on site. Studies show that COVID-19 vaccines are [safe](#) and [effective](#), a COVID-19 vaccine cannot make you sick with COVID-19, and depending on the kind of [COVID-19 vaccine](#) you get, you might need a second shot 3 or 4 weeks after your first shot. After getting vaccinated, some people have side effects; these are normal signs that your body is building protection against COVID-19. You will not need to pay for a COVID-19 vaccine and the CDC recommends all LTCF residents to get vaccinated against COVID-19.

Medicare Sequester bill signed: President Biden signed the Medicare sequester bill today, which suspends the 2% Medicare reimbursement cut ("the sequester") through the end of 2021. This applies to all Medicare billers, including home health, hospices, PACE organizations and SNFs. Medicare announced a delay in payments for services on/after April 1 in anticipation of this legislation, and we anticipate any delayed payments will be reconciled soon. An article is [here](#).

FY 2022 SNF PPS proposed rule. The FY 2022 SNF PPS proposed rule is available on the public inspection site of the federal register and will be published to the federal register tomorrow. Read our overview of main provisions [here](#). CMS proposes a 1.3% rate increase for FY 2022. Other key points include new consolidated billing exclusions, considerations for a PDPM parity adjustment, 2 new QRP measures including a measure on staff COVID-19 vaccination rates, suppression of the SNF VBP measure and future expansion to include additional measures. Comments on the rule are due June 7. LeadingAge will be soliciting member feedback over the coming weeks and will share draft comments with you all for feedback in May.

Provider Relief Fund Update: We have heard from HRSA (who administers the PRF under HHS) that the application portal for distributing the next round of PRF dollars will be open "soon" and will look similar to the Phase 3 process, by which we expect HHS to request financial data from providers outlining their lost revenues and possibly increased expenses from COVID-19 from the last half of 2021 and it will be compared to PRF payments received to date. HRSA has also indicated that they want providers to contact them directly regarding questions or problems they have encountered with the PRF (e.g. no TIN validation, awaiting funds, etc.) instead of going through association staff. Members can still reach out to Nicole if they run into issues or cannot get issues resolved through this approach and she can help

HRSA Telehealth Webinar: An Overview of Federal Broadband Programs and Resources. On, April 21, 1-2 p.m. ET, the Health Resources and Services Administration (HRSA) will hold a webinar as part of the Telehealth Learning Webinar Series. Topics to be covered on the April 21 webinar include: the Rural Health Care Program; the COVID-19 Telehealth Program / Connected Care Pilot Program; the Emergency Broadband Benefit program; and, the Lifeline Program. Featured Speakers: William England, Senior Advisor, HRSA Federal Office of Rural Health Policy, Office for the Advancement of Telehealth; Jennifer Contreras, Communications Manager, Rural Health Care Program, Universal Service Administrative Company; and Jaymie Gustafson, Outreach Director, Universal Service Administrative Company. You can access the webinar registration [here](#)

Unpaid CMPs. CMS noted on our small call that there are a significant number of unpaid civil monetary penalties related to F884 Reporting to CDC. Like other outstanding CMPs, these CMPs will soon be forwarded to the Medicare Administrative Contractors for collections.

Use of N95s. CMS has been advised of states incorrectly interpreting guidance around the use of N95 respirators. We have heard reports of providers being cited for not wearing N95s or comparable respirators throughout the nursing home in the circumstance of an outbreak. CDC has clarified that guidance has not changed. N95s and other PPE are generally meant for use in providing care. While an individual may wear an N95 outside of care when employing extended use strategies, CDC does not intend for them to be used as source control masks, even in the event of an outbreak in the nursing home. If you are aware of providers who are being cited for not wearing N95s for general source control, please let us know so that we may share specific details with CMS.

MORE FROM HHS:

Vaccine Guidance and Resources for People with Disabilities and Older Adults: As part of a shared commitment to President Biden's [National Strategy - PDF](#) and [Executive Order](#) to ensure an equitable COVID-19 response, the Office for Civil Rights (OCR), the Administration for Community Living (ACL), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at HHS have [published several new resources to help states, vaccination providers, and others leading COVID-19 response activities](#) improve access to vaccines for people with disabilities and older adults. These resources clarify legal requirements, illustrate some of the barriers to vaccine access faced by people with disabilities and older people, and provide strategies – and examples of how the aging and disability network can help employ them – to ensure accessibility. The Office for Civil Rights released [new guidance - PDF](#) outlining legal standards under the federal civil rights laws prohibiting disability discrimination and providing concrete examples of the application of the legal standards in the context of COVID-19 vaccine programs and how to implement them. OCR also issued a [fact sheet - PDF](#) setting out specific steps that those involved in the planning and distribution of vaccines to combat the COVID-19 pandemic may wish to consider to promote compliance with disability rights laws and provide access to vaccination programs for people with disabilities. Earlier COVID-19 guidance from OCR addressed [civil rights protections prohibiting discrimination on the basis of race, color, national origin - PDF](#), and [civil rights of persons with limited English proficiency - PDF](#).

Vaccine Confidence (from Surgeon General Murthy): Now, as more and more Americans gain access to the vaccine, I'm happy to share that vaccine confidence is rising across the country. In December, a survey showed that 34 percent of respondents were ready to get a COVID vaccine, quote, "as soon as possible." That same survey in March, just three months later, found that 61 percent of people reported either already being vaccinated or wanting to receive a vaccine as soon as possible. The research tells us clearly that people want to hear from people they know and trust when deciding about the vaccine.

Optimizing N95 Respirator Supplies: Both the [FDA](#) and CDC [updated their strategies for optimizing N95 respirator supplies](#). As of April 9, [CDC acknowledged that the supply and availability of NIOSH-approved respirators](#) have increased significantly over the last several months. In regard to [conventional capacity strategies](#), CDC added language on extended use of N95 respirators as source control, as well as language on use of respirators with exhalation valves. For [contingency capacity strategies](#), CDC added a strategy to prioritize respirators for HCP who are using them as PPE over those HCP who are only using them for source control. They also clarified that for extended use of N95 respirators as PPE, N95 respirators should be discarded immediately after being removed. For [crisis capacity strategies](#), CDC removed the strategy of using non-NIOSH approved respirators developed by manufacturers who are not NIOSH-approval holders, removed decontamination of respirators as a strategy with limited re-use, and removed the table "Suggested well-fitting facemask or respirator use, based upon distance from a patient with suspected or confirmed SARS-CoV-2 infection and use of source control." CDC highlighted that the number of reuses should be limited to no more than five uses (five donnings) per device by the same HCP to ensure an adequate respirator performance, and emphasized that facemasks for caring for a patient with suspected or confirmed SARS-CoV-2 infection should only be used for certain scenarios as a last resort if respirators are severely limited.

Trends in Racial and Ethnic Disparities in COVID-19 Hospitalizations: CDC released an *MMWR* on the [trends in racial and ethnic disparities in COVID-19 hospitalization by region](#) in the United States from March 2020 – December 2020. COVID-19 disproportionately affects racial and ethnic minority groups in the United States. Within each U.S. Census region, the proportion of hospitalized patients with COVID-19 was highest for Hispanic or Latino patients. Racial and ethnic disparities were largest during May–July 2020 and became less pronounced as the pandemic spread throughout the country; however, disparities remained in December 2020 in all regions. Understanding the social determinants of health contributing to geographic and temporal differences in racial and ethnic disparities at a local level can help guide public health prevention strategies and equitable resource allocation, including COVID-19 vaccination, to address COVID-19–related health disparities.

Increased Information and Funding for Minority Communities (from CDC Administrator Walensky): Last week, CDC launched a new website, "Racism and Health," which serves as a platform for greater education and dialogue about these critical issues. There, we articulate that racism is a serious public health threat that directly affects the wellbeing of millions of Americans and the health of our entire nation. Last month, CDC provided \$3 billion to support efforts to increase vaccine uptake by expanding COVID-19 programs and ensuring greater equity and access to vaccines. We made more than \$300

million in funding available to strengthen the work of community health workers nationwide, bolstering their efforts to prevent and control COVID-19 among populations at high risk, and serving as trusted messengers to overcome concerns and vaccine hesitancy. These actions are in addition to the \$2.25 billion CDC made available for testing efforts in communities at high risk and who are underserved across the country.

Next Week is Careers in Aging Week. While COVID-19 may have slowed the movement of people into tagging services, nothing can stop us from sharing the joy and meaning in our jobs. For the third year, LeadingAge will partner with the Gerontological Society of America, AHCA/NCAL, Argentum, and the Erickson School of Aging Services at UMBC, to sponsor Careers in Aging Week. The focus will be increasing awareness of careers in aging on social media. [Learn more about how you can participate in Careers in Aging Week.](#)

Fostering Emotional Wellbeing Among Team Members. Is your organization doing enough to care for the psychological wellness of its staff? A comprehensive systems approach can help make sure your employees are getting the support they need. Learn what this means, and why it's so important for your organization during this [19-minute QuickCast](#) that's free to LeadingAge members.

Post Your Open Jobs on the Aging Services Career Center. Have you posted your open jobs on the [LeadingAge Aging Services Career Center](#)? We are partnering with major national employers to connect displaced workers from fields such as dining, retail, and hospitality with available jobs in aging services. Add your openings today! [Learn more about how to post your jobs for FREE now.](#)

2021 LeadingAge Annual Awards Call for Nominations. The [LeadingAge Annual Awards](#) honor individuals that embody excellence in nonprofit aging services leadership, are models of quality and innovation, and are making outstanding contributions to our field that merit national recognition. [Learn more about the award criteria and nomination process.](#)