



## Nursing Home Weekly: Recap of LeadingAge Updates

April 2, 2021

**What can aging services providers learn from Amazon, Uber, and AHIP about dealing with COVID as an employer? Join the LeadingAge Coronavirus Update call at 3:30 Eastern time on Monday, April 5 to find out.** Stephen Massey, who heads up the Health Action Alliance and has created a suite of tools to help with vaccine education, addressing health equity and restoring faith in science. He will give some great examples from others in the business community and provide key resources. Details coming soon about the **Wednesday, April 7** call. On **Thursday, April 8**, we will be joined by Stuart Butler from the Brookings Institute, a long-time proponent of long-term care financing reform who spent the past year talking to experts on systems of care for older adults. In a [report](#) issued late in 2020, he used the information that came from those discussions to look at what could be possible in 10-15 years. What does the future of LTC look like, what could it look like after the pandemic. If you haven't registered for the calls, you can [join here](#).

**LeadingAge Blueprint for Better Aging Infrastructure.** Thursday LeadingAge held a press conference, sent [letters](#) to Congressional leadership, and published the [Blueprint for a Better Aging Infrastructure](#). The blueprint is comprised of five sections – workforce, services in the home and community, affordable housing, nursing homes, and long-term care structural and financing reform. Our Blueprint is based on the principle, confirmed by President Biden's American Jobs Plan, that building an aging services infrastructure for the 21<sup>st</sup> century is a critical element of any overall infrastructure conversation. The LeadingAge Blueprint includes bold proposals like a 10% bump in the federal Medicaid match, funding for more than 54,000 new HUD Section 202 homes, and reimbursement for providers to pay their employees a locally-determined living wage. Members participating in LeadingAge Lobby Day on April 21 will have a chance to present elements of the Blueprint to their members of Congress.

**Ensuring Access to COVID-19 Vaccines.** We continue to work with CDC to ensure access to COVID-19 vaccines for aging services providers and the individuals they serve. The Long-Term Care Pharmacy Partnership has now wrapped up, and since mid-March the federal government has been providing direct allocation of COVID-19 vaccines to long-term care pharmacies under the Federal Retail Pharmacy Program through 3 group purchasing organizations: Managed Healthcare Associates, GeriMed, and Innovatix. Long-term care pharmacies partnered with these organizations or enrolled through the state can administer vaccine to residents and staff in long-term care. Long-term care providers should reach out to their existing long-term care pharmacy to discuss options for continued access. If the long-term care provider's existing long-term care pharmacy is unable to provide vaccine, long-term care providers can check with other long-term care pharmacies in the area identified through the state health department or [this list](#) from CDC. More information can be found [here](#).

**Longer Range Plans to work with LTC pharmacies; conversation with CDC.** We met morning with several key staff from CDC who are looking for creative ideas to prepare for working with LTC pharmacies to vaccinate residents and staff in nursing homes and assisted living. This is long range planning, which will potentially be needed to cover new residents and staff as well as booster shots or regular annual shots, depending on what is needed in the future. They observe that flu vaccination programs run through LTC

pharmacies are good, but not perfect. What solutions can LeadingAge nursing home and assisted living provider members suggest for CDC to consider? Please send your ideas before April 9 to Janine ([jfinck-boyle@leadingage.org](mailto:jfinck-boyle@leadingage.org))

**FEMA Funeral cost reimbursement.** We reported last week on a program that will begin officially this month. 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](#). FEMA will publish a contact number; applicants must call. There is no option to apply online. We'll send a longer article tomorrow on the program and keep members apprised as it rolls out.

**PCORI to fund research on vaccine confidence in long-term care.** We learned from CDC earlier that the patient centered outcomes research institute - PCORI will soon open a Funding Announcement – aimed at the issue of increasing COVID-19 vaccine confidence and uptake among long-term care staff, with the primary outcomes of the interventions to include, vaccine uptake and/or vaccine series completion. The opportunity officially opens April 13, 2021. For more information visit, [Increasing Vaccine Confidence among Long-Term Care Workers: Expedited COVID-19 Targeted PCORI Funding Announcement -- April 2021 | PCORI](#).

**COVID death certificate study.** CDC's most recent Morbidity and Mortality Weekly Report (*MMWR*) on [death certificate-based ICD-10 diagnosis codes for COVID-19 mortality surveillance](#) . among the 378,048 death certificates from 2020 listing COVID-19, 5.5% listed COVID-19 without codes for any other conditions. Among 357,133 death certificates with at least one other condition, 97% had a co-occurring diagnosis of a plausible chain-of-event condition (e.g., pneumonia or respiratory failure), or a significant contributing condition (e.g., hypertension or diabetes), or both. High-quality documentation of death certificate diagnoses is essential for an authoritative public record.

**Drive for 75: Week Five Summary Article.** This week's Drive for 75 focused on reframing the vaccination process in view of "the customer experience," and taking steps to make the administration of the vaccines as "consumer friendly" as possible. Also, we offered a two-part series on the much-hyped variants of COVID-19, and referenced studies that indicate the current vaccines will offer some protection from the UK, Brazil, and South African variants. You can read more [here](#).

**Biden \$2 trillion infrastructure plan addresses aging services.** President Biden introduced his [\\$2 trillion infrastructure plan](#), the American Jobs Plan. The historic inclusion of \$400 billion to expand access to home and community-based services speaks to the value of LeadingAge advocacy – making this a great country to grow old in is critical and essential and aging services must be included in any plan to build/rebuild the nation's infrastructure. The proposal also includes \$213 billion in affordable housing infrastructure investment, improved broadband access, cleaner drinking water provisions and investments in disaster-resilient communities.

**Provider Relief Fund Survey Results – Most (75%) Members Need More:** Nicole wrote an [article](#) summarizing what we heard from 164 members about their experience with and need for additional Provider Relief Funds, as well as what is driving this need. Organization name and address was inadvertently left off the survey when we initially launched it so only about half of the responses can be traced back to a state or particular provider.

**New web tool shows staff interconnectivity.** How many staff in a nursing home work in other nursing homes as well? In those other nursing homes, what’s the extent of shared staff? Dave Wilkinson, Executive Director of the Yale Tobin Center for Economic Policy, spoke on our Update Call today about a new web tool, [Protect Nursing Homes](#), to help understand the extent of shared staff at nursing homes. The user-friendly tool uses anonymous cell phone data to illustrate connections. It can help a nursing home as an early warning system that will let the provider know when there is an outbreak in another organization with whom they share staff. It shows “connectivity risk” and can help prepare for future outbreaks – of COVID as well as other contagious conditions. Researchers are working now to find a way to connect to other long-term care settings beyond nursing homes. Dr. Wilkinson and others are seeking feedback on how to improve the site and would welcome input from LeadingAge members who take it for a test run.

#### **FCC Adopts Report and Order to Implement Round 2 of COVID-19 Telehealth Program**

On March 30, the FCC voted to formally adopt a [Report and Order](#) that establishes Round 2 of the COVID-19 Telehealth Program. The program allows eligible health care providers to be reimbursed for providing telecommunications services, information services and connected devices necessary to enable telehealth during the pandemic. The Consolidated Appropriations Act of 2021, enacted in December 2020, allocated \$249 million for the program on top of the initial \$200 million that was established as part of the CARES Act.

The new application window is expected to open within 30 days, and the FCC will provide advance notice. Round 2 will ensure that each state and territory can be approved for funding. There will also be an application deadline so all applications can be evaluated collectively and a system for rating applicants, with more attention paid to hardest-hit and low-income areas as well as projects that failed to gain approval in the first round, those in healthcare provider shortage areas and Tribal communities. Eligible health care providers of the COVID-19 Telehealth Program includes sites that treat patients, whether located in rural or non-rural areas or U.S. territories, and it is limited to **nonprofit and public eligible health care providers** that fall within the following categories: post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; community health centers or health centers providing health care to migrants; local health departments or agencies; community mental health centers; not-for-profit hospitals; rural health clinics; skilled nursing facilities; or consortia of health care providers consisting of one or more entities falling into the first seven categories.

The program only funds devices that are connected and will not fund unconnected devices that patients can use at home and then manually report the results to their medical professional. Connected devices may include devices with Bluetooth or WiFi connectivity, including devices that connect to a consumer’s phone. For more information about the FCC’s COVID-19 Telehealth program, visit: <https://www.fcc.gov/covid-19-telehealth-program>

**New Alzheimer's website.** The National Institute on Aging, part of the National Institutes of Health, recently rolled out a new website to educate and support people whose lives are touched by Alzheimer's and related dementias. [Alzheimers.gov](https://www.alzheimers.gov) is the new federal portal for resources, information, tips, clinical trials and studies, and updates on what the government is doing to address Alzheimer's and related dementias

**PPP Application Period Extended.** President Biden signed legislation today extending the PPP deadline to May 31 for borrower applications and June 30 for banks to process applications. The program was set to expire tomorrow, but prospective borrowers now have until the end of May to get applications in. See more here: <https://leadingage.org/legislation/ppp-loan-application-period-extended-may-31>

**CMS small call.** The bi-weekly provider association call with CMS yielded no new information, but a few reminders and clarifications around visitation. CDC guidance: Remember that CDC updated infection control guidance for nursing homes yesterday ([here](#)). The information and recommendations have not changed, but CDC has provided clarification around many of the recommendations. Remember that CMS defers to CDC guidance for much of the recommendations around COVID-19. While CDC is not the enforcer, CMS / state agencies can enforce CDC guidance as nationally recognized standards when recommendations have not otherwise been spelled out in specific CMS guidance or requirements.

Visitors and core principles of infection prevention: Can a nursing home deny entry to a visitor who does not adhere to core principles of infection prevention? Yes, but . . . CMS says "be reasonable." Nursing homes should make every effort to educate visitors on the core principles of infection prevention. If visitors fail to adhere to core principles, the nursing home should attempt to resolve the issue in collaboration with the visitor. If the visitor refuses to comply, even after education and support from the nursing home, then the nursing home may ask the visitor to leave / restrict the visitor.

Physical contact during visits: Can residents who are unable to wear a mask have physical contact during a visit? Residents who are unable to wear a mask would "ideally" be vaccinated and should not have physical contact. However, nursing homes are not expected to police visits. The nursing home should inform the resident and the visitor of the core principles of infection prevention, including the importance of source control (masks) and social distancing but residents have the right to privacy during visits.

Visitors and testing: How should nursing homes handle situations where the state requires testing of visitors and the visitor refuses to be tested? CMS strongly encourages testing of visitors and states that testing is as important as it has ever been; however, CMS has also stated that testing cannot be a condition of visitation. In states that require testing of visitors, consult with the state on how to handle visitors who refuse to be tested and contact your CMS regional office to discuss restrictions and conflicts state requirements and federal CMS guidance.

**Nursing Home Advisory Group.** Thank you to the members who joined in the Nursing Home Advisory call this week. We had CDC guest expert speaker Kara Jacobs Slifka present on the CDC guidance focused on visitation, return to work and the changes in the interim clinical LTC guidance that was released yesterday. A detailed summary of the presentation will be uploaded tomorrow. Other updates during the call were a review of both the Senate Finance Committee Hearing and the Senate Aging Committee

Hearing. Members also were reminded of Lobby Day in April and the opportunity to still sign up for virtual meetings. We reviewed the new Visitation Checklist and the updated Visitation during Covid toolkit as resources. Lastly, we presented the Care for Our Seniors Act. The call ended with a question to find practical solutions for a long range Covid vaccination distribution.

**CDC Guidance Update (Long-Term Care):** CDC gave a major make-over to long-term care guidance today. The guidance “Preparing for COVID-19 in Nursing Homes,” has been renamed “[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)” and includes two prior documents, “Responding to COVID-19 in Nursing Homes” and “Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes” which were merged with this guidance. The recommendations in this document were updated and organized to clarify infection prevention and control practices and stress those that should remain in place whether or not nursing homes are experiencing outbreaks. Additional guidance was included to address circumstances when quarantine is recommended for new admissions and for residents who leave the facility, as well as a section addressing quarantine and work exclusion considerations for asymptomatic residents and healthcare providers who are within 90 days of resolved infection. Finally, this guidance is intended to apply regardless of vaccination status. For modifications to recommended infection prevention and control practices following vaccination please refer to CDC’s [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

**New LeadingAge resources for visitation.** As CMS updated visitation guidance for nursing homes, LeadingAge collaborated with Pathway Health on a [Visitation during Covid-19 Toolkit](#) for members. The 10 segment toolkit helps an organization navigate visitation guidance through a leader’s guide, implementation checklists, competency tools for managers and all staff, and a pre and post test for all staff. The toolkit can be modified or edited to your organization’s needs. The elements of the toolkit also may be used by various providers and service line in the continuum of care.

**Nursing Home Toolkit Updates for COVID Resources.** In December 2020, we launched a [new toolkit series](#) for nursing homes. This series of toolkits, developed with Pathway Health, is available exclusively to members of LeadingAge and addresses many of the critical issues related to COVID-19 and nursing homes. Recently, we updated existing toolkits and added three additional ones in response to changing COVID needs. These include: [Visitation](#), [Local Hospital Capacity](#), and [Optimizing PPE](#). [Email Janine Finck-Boyle](#) if you have questions.

**Careers in Aging Week: April 18-24.** Save the date for Careers in Aging Week! While COVID-19 may have slowed the movement of people into the LTSS field, nothing can stop us from sharing the joy and meaning in our jobs - along with its wide range of careers. 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.

**2021-2022 Flu Vaccines Discounts for Members.** This flu season, we are partnering with Member Solutions partner [Seqirus](#), a leader in the fight against influenza with an innovative portfolio of products. As a LeadingAge member, you are eligible to earn multiple discounts across Seqirus’ portfolio of innovative

influenza and vaccine solutions, including prompt pay and early reservation offers. Pre-book reservation by

**April 15, 2021** to receive:

3% discount on orders

2% discount on orders paid within 60 days

The ability to return 25% of each brand ordered and unused by the end of the season

[Learn more and preorder today!](#)