



## Nursing Home Weekly: Recap of LeadingAge Updates

April 23, 2021

**LeadingAge Update Calls Next Week. Temporary Nurse Aides? New CDC Guidance on nursing homes post vaccines?** LeadingAge update calls at 3:30 PM ET next week are Monday, Wednesday and Thursday. We are finalizing Monday's speaker. On Wednesday, Vicki Loucks of Redstone Presbyterian Seniorcare will join us to talk about her experiences with Temporary Nurse Aides. Is this a model we can work with going forward....and how? On Thursday, Dr. Kara Jacobs-Slifka will once again join the call, this time to talk about the new nursing home guidance we are expecting on Friday, April 23 (tomorrow). If you haven't registered for Update Calls and wish to, you can do so [here](#).

**Postvaccination SARS-CoV-2 Infections Among Nursing Facility Residents and Staff Members:** CDC released an *MMWR* on [postvaccination SARS-CoV-2 infections among skilled nursing facility residents and staff members](#) in Chicago, Illinois from December 2020 – March 2021. Residents and staff members of skilled nursing facilities (SNFs) are recommended to receive COVID-19 vaccine as a priority group. Twenty-two possible breakthrough SARS-CoV-2 infections occurred among fully vaccinated persons  $\geq 14$  days after their second dose of COVID-19 vaccine. Two thirds of persons were asymptomatic. A minority of persons with breakthrough infection experienced mild to moderate COVID-19–like symptoms; two COVID-19–related hospitalizations and one death occurred. No facility-associated secondary transmission was identified. SNFs should prioritize vaccination and follow recommended COVID-19 infection prevention and control practices, including following work restrictions, isolation, quarantine, testing of residents and staff members, and use of personal protective equipment.

**Nursing Home Advisory Group calls.** The Nursing Home Advisory Group will hold the monthly call next Tuesday, April 27 at 2pm ET. This call will feature an emergency preparedness presentation by David Hood from RPA, a Jensen Hughes Company, followed by policy updates (including an overview of the recently-proposed FY 2022 SNF PPS rule), and facilitated member discussion. If you are not already on the mailing list for this call and would like to be added, please email Jodi at [jevigor@leadingage.org](mailto:jevigor@leadingage.org). On Friday, April 30 at 1pm ET, we will hold a special call to review the SNF PPS rule in greater depth and solicit member feedback. We will share the call-in information for the special call on the rule next week.

**CMS national nursing home stakeholder call:** CMS held a national stakeholder call to review recent updates:

***CDC guidance likely to be released soon:*** CDC will be releasing updated guidance soon on what people should do in nursing homes post-vaccination.

***Public health emergency extended:*** The public health emergency has been extended for another 90 days, effective today. With this extension, the current 1135 waivers have also been extended (with the exception of those outlined in [CMS memo QSO-21-17-NH](#) to terminate on May 10).

***Pending termination of select 1135 waivers:*** As we reported previously, CMS will be terminating select 1135 waivers effective May 10, 2021. The waivers that will be terminated relate to notice of transfer and discharge, notice of room or roommate change, timely submission of MDS, and timely completion of care plans. The 3-day stay waiver and all other waivers remain in effect until the end of the public health emergency. For more information on terminated waivers, read [here](#). We have also updated the federal blanket waivers chart, which can be accessed [here](#).

**FY 2022 SNF PPS rule:** The proposed FY 2022 SNF PPS rule was released on April 8. Comments on the rule are due June 7. Read LeadingAge’s initial overview of the rule [here](#). The LeadingAge Nursing Homes Advisory Group will hold a special call on Friday, April 30 to review the rule and solicit member feedback. Dial-in information for this call is forthcoming.

**Update on vaccination programs:** The Long-Term Care Pharmacy Partnership Program has now completely wrapped up in nursing homes and assisted living. Providers should now be working with long-term care pharmacies through the Retail Pharmacy Program. Check [here](#) for more information on this program and a list of participating LTC pharmacies. The pause on the Johnson & Johnson vaccine continues at this time. CDC reports that long-term care pharmacies have been supplemented with the Moderna vaccine and small amounts of the Pfizer vaccine, and they do not expect any disruptions to vaccine access for long-term care pharmacies and providers at this time.

**FROM HHS:**

**Possibility of COVID-19 Illness After Vaccination:** CDC [updated their information on the possibility of COVID-19 illness after vaccination](#). COVID-19 vaccines are [effective](#). However, a small percentage of people who are fully vaccinated will still get COVID-19 if they are exposed to the virus that causes it. These are called “vaccine breakthrough cases.” This means that while people who have been vaccinated are much less likely to get sick, it may still happen. Experts continue to study how common these cases are.

**COVID-19 Vaccines May Make You Feel Sick:** CDC [released information outlining the different ways your body could react to the COVID-19 vaccine](#), and ways to help you feel better. It is not abnormal to feel sick after getting vaccinated, but if you feel very sick, reach out to your doctor right away.

**FEMA Funeral Expenses:** On April 12, FEMA began processing applications for funeral assistance and will provide financial assistance for COVID-19-related funeral expenses incurred after Jan. 20, 2020 under the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 and the American Rescue Plan Act of 2021. As of April 21, FEMA has received more than 120,000 funeral assistance applications.

**Percent of Doses Administered:** CDC [updated their information on the percent of COVID-19 vaccine doses administered](#). The majority of U.S. states and territories have administered at or above 85% of their first vaccine doses delivered. To maintain inventory, some vaccine will always be kept in supply; so percentages are not expected to reach 100%.

**Reported Adverse Events:** CDC and FDA have [recommended a pause in the use of Johnson & Johnson’s J&J/Janssen COVID-19 Vaccine](#) in the United States out of an abundance of caution, effective Tuesday, April 13. The Advisory Committee on Immunization Practices (ACIP) will hold its second emergency meeting to discuss [J&J/Janssen COVID-19 Vaccine](#) on April 23, 2021. People who have received the J&J/Janssen COVID-19 Vaccine within the past three weeks who develop severe headache, abdominal pain, leg pain, or shortness of breath should seek medical care right away.

**COVID-19 Community Corps:** The HHS [COVID-19 public education campaign](#) is a national initiative to increase public confidence in and uptake of COVID-19 vaccines while reinforcing basic prevention measures such as mask wearing and social distancing. Specifically, the COVID-19 Community Corps works to engage with a broad range of groups and individuals, including trusted community organizations, local leaders, and others sharing the goal of increasing

vaccine confidence and uptake. Join the COVID-19 Community Corps [here](#), and view their [resources, toolkits, and information](#) on how to communicate with others about protecting themselves and their communities.

**Personal and Social Activities:** CDC [updated their information on how to safely go about personal and social activities](#). The page outlines guidance for visiting a restaurant or bar, hosting gatherings or cook-outs, attending an event or gathering, using gyms or fitness centers, going to a nail salon, visiting a library, traveling overnight, and visiting parks. Attending events and gatherings increases your risk of getting and spreading COVID-19. Stay home to protect yourself and others from COVID-19.

**One in Ten Healthcare Workers with Mild COVID Have Lasting Symptoms:** NIH Director Dr. Francis Collins [comments on a recent JAMA study](#) which found that just over 1 in 10 healthcare workers who had what at first seemed to be a relatively mild bout of COVID-19 were still coping with at least one moderate to severe symptom eight months later. Those symptoms—most commonly including loss of smell and taste, fatigue, and breathing problems—also negatively affected the work and/or personal lives of these individuals. Their findings show that 26 percent of those who had mild COVID-19 reported at least one moderate to severe symptom that lasted more than two months. That’s compared to 9 percent of participants without COVID-19. What’s more, 11 percent of the individuals with mild COVID-19 had at least one debilitating symptom that lasted for at least eight months. In the group without COVID-19, any symptoms of feeling unwell resolved relatively quickly.

**From Andy Slavitt: American Rescue Plan:** We are announcing a \$1.7 billion investment to bolster the ability of the CDC and state and local public health departments to monitor, track, and defeat emerging threats — whether it’s COVID-19 variants today or other viruses in the future — through a process known as genomic sequencing. This significant investment, which is made possible due to the American Rescue Plan President Biden signed into law last month, is critical in our fight against the new and potentially dangerous variants of COVID-19. Right now, these variants account for nearly half of all COVID-19 cases in the United States, and we need more capacity in our public health system to identify and track these mutations. This funding will enable CDC and states to do more genomic sequencing as we activate the nation’s great research capabilities to detect variants earlier and increase our visibility into emerging threats. This investment will give public health officials the chance to react more quickly to prevent and stop the spread. Today’s investment also builds on the major investments in testing and genomic sequencing that we made earlier this year. That includes \$10 billion of American Rescue Plan funding to support COVID-19 testing in schools, another \$2.5 billion to help state and local public health agencies increase testing capacity in underserved and high-risk communities, and nearly \$200 million to begin to increase genomic sequencing capacity that this investment comes on top of.

**From Dr. Walensky: Vaccine Effectiveness:** First, among nearly 4,000 healthcare personnel, first responders, and essential workers who received the Pfizer and Moderna vaccines, the risk of any infection, asymptomatic and symptomatic, was reduced by 90 percent after receiving the two recommended doses of the vaccine. This study was yet additional evidence that these vaccines are working. The efficacy we saw in clinical trials is now being shown in the real world. Second, last week, we released data on the number of so-called “breakthrough infections,” of people who, despite being vaccinated, still tested positive for COVID-19 more

than 14 days after they're getting their second vaccine dose. With any vaccine, we expect such rare cases. But so far, out of more than 84 million people who are fully vaccinated, we have only received reports of less than 6,000 breakthrough cases. Although this number is from 43 states and territories and likely an underestimate, it still makes a really important point: These vaccines are working. Of the nearly 6,000 cases, approximately 30 percent had no symptoms at all. Based on these data, here's the bottom line: Getting a vaccine will help protect you, it will help protect others, and it will help us end this pandemic.

**Vaccine Eligibility:** CDC updated the following [COVID-19 information pages](#) to include that everyone 16 years of age and older is now eligible to get a COVID-19 vaccine: [Vaccine FAQs](#), [How Vaccines Get to You](#), [Key Things to Know](#), and [Vaccine Rollout Recommendations](#). CDC also updated the following information pages for [specific communities](#) to include the expanded eligibility of the COVID-19 vaccine: [persons with disabilities](#), [essential workers](#), [healthcare personnel](#), [older adults](#), and [those high risk for severe illness](#). Get a COVID-19 vaccine as soon as you can. Moreover, CDC updated their general [vaccination resources](#), including information on [preparing for your vaccine](#).

**Older Adults:** CDC [updated their information for older adults](#), who are at a greater risk of hospitalization or dying if diagnosed with COVID-19. The risk for severe illness with COVID-19 increases with age, with older adults at highest risk. If you have a family member or friend who lives in a nursing home, assisted living facility, or other type of senior living or retirement community, you may be concerned about COVID-19. To protect friends and family members who live in these communities, CDC has issued updated recommendations for [visitations](#) at post-acute facilities. These recommendations align with the [Centers for Medicare and Medicaid Services \(CMS\)](#) guidance for visitations under various circumstances.

**PPE supply conversations with CDC.** CDC is interested validating the accuracy of PPE reporting in NHSN. In March 2021, CDC updated the NHSN reporting module to collect data about the capacity strategies being employed for each type of PPE. Since that time, CDC has seen steady reporting to indicate that most nursing homes are utilizing conventional capacity strategies, meaning that they use PPE judiciously, but not necessarily having to alter PPE use or care provision through the use of strategies such as extended use or reuse of PPE items. Anecdotally, CDC has been hearing reports that individual clinicians remain concerned about access to PPE. Based on feedback we have received from members and informal polling completed on our national call this afternoon, we discussed the following issues with CDC:

**Understanding of capacity strategies:** CDC has concerns about whether providers understand the definitions of capacity strategies. We note that both the federal strike teams and the QIOs have reported observing issues in this area. One member serving multiple nursing homes noted that state stockpile requirements can cloud the issue.

**Vendor supply issues:** We expected that outbreaks would cause supply shortages at the nursing home level but it seems that the bigger issue is vendor supply shortages. Perhaps nursing homes are able to appropriately plan for PPE usage during an outbreak, but when vendors experience shortages or place limits on the amount of PPE that a provider can access, it changes the nursing home's ability to meet PPE needs.

**No value to reporting:** There is some speculation that providers are less attentive to reporting because the benefit of reporting does not outweigh the cost (burden) of reporting. This is an

issue that the Nursing Home Commission picked up on in their report released in September 2020.

**Consequences of reporting shortages:** One lingering concern that we have heard since reporting was first initiated is that divulging supply shortages through NSHN reporting will trigger scrutiny from surveyors.

**Urgent need / request for outreach:** One of the newly-added elements to the PPE reporting pathway was the option to indicate an urgent need for a particular PPE item and to request outreach from state/local entities. Requested outreach would seemingly indicate an expectation of assistance accessing PPE; however, CDC notes that the providers who are requesting outreach are generally those who are reporting conventional capacities of PPE. So this begs the question: is the request for outreach a request for PPE supplies, or is there something else that providers are looking for with this outreach?

**LeadingAge Virtual Lobby Day Wrap Up.** Thank you to all of our state partners and members for making our Virtual Lobby Day a huge success. We had 442 members participate in 298 meetings with U.S. House and Senate offices. The feedback has been very positive from those attending meetings and we were glad to see many of you in the Wonder Lounge. Advocates received an email thanking them for participating and reminding them to fill out the report form and to follow up with their congressional offices. Our goal is for this to be the start of a relationship with the congressional offices.

**Essential Workers Bill Introduced.** LeadingAge supports the introduction of the [Citizenship for Essential Workers Act \(S. 747/H.R. 1909\)](#), which allows undocumented persons already working in the U.S. as essential workers during the COVID-19 pandemic, and certain family members, to be given a pathway to citizenship. The proposal amends the Immigration and Nationality Act to provide for the adjustment of status of essential workers to permanent status. Eligible persons include essential workers in the non-profit health care sector or home and community-based occupations (i.e., home health and residential care, and activities of daily living) and family caregivers. A press release from the bill sponsors is available [here](#), and an article with additional details on the legislation will be available soon.

**What's on Congress's Agenda.** Based on conversations with key Senate and House leadership staff, LeadingAge has developed an article that provides an outlook for upcoming Congressional action on "What's on Congress's Agenda." We highlight: the CMS/HHS nominations; President Joe Biden's Joint Session; The American Jobs Plan - infrastructure process; the President's FY22 Budget Request; and the timing of immigration reform legislation. You can access the article [here](#).

**Alternative infrastructure plan.** A group of Senate Republicans led by Sen. Shelley Moore Capito (R-W.Va.) on Thursday unveiled a \$568 billion infrastructure proposal, a much smaller counteroffer to President Biden's \$2.3 trillion American Jobs Plan. The proposal seeks to define infrastructure more narrowly compared to Biden's expansive view of the issue, focusing on roads and bridges, public transit systems, rail, wastewater infrastructure, airports and broadband infrastructure. Notably for LeadingAge members, the proposal does not include anything about the "care infrastructure," like the \$400B HCBS proposals in the American Jobs Plan. LeadingAge continues to advocate that the aging infrastructure is part of the American infrastructure. There will be many more proposals and trade-offs; this conversation on infrastructure is just getting underway.

**Senator Murray Elevates LeadingAge Workforce Policy Priority.** Senator Patty Murray (D-WA), chair of the Senate Health, Education, Labor, and Pensions (HELP) Committee, held a hearing, "[COVID-19](#)



[Recovery: Supporting Workers and Modernizing the Workforce Through Quality Education, Training, and Employment Opportunities.](#)” Prior to the conclusion of the hearing, Chair Murray posed a question, to witness, Deniece Thomas, Deputy Commissioner of Workforce Learning and Development for the Tennessee Department of Labor and Workforce Development. The question asked about the shortage of home care workers and trained caregivers, and how the shortage will essentially get worse as more people continue to age, and how we need assistance with recruiting these needed workers. You can view the hearing [here](#), and an article [here](#).

**Provider Relief Fund Issue Resolution Contact:** For members who have encountered issues with obtaining Provider Relief Funds, the new administration would like members/providers to reach out to HRSA (the division of HHS handling PRF) directly by emailing: [ProviderReliefContact@hrsa.gov](mailto:ProviderReliefContact@hrsa.gov) HRSA did not specify any limits to the inquiries that a provider could make using this email address but some issues may include: TIN Validation issues, missing funds, etc. If members are unable to resolve issues successfully, they can still reach out to Nicole ([NFallon@leadingage.org](mailto:NFallon@leadingage.org)) for possible escalation of the issue. Nicole is also happy to help look into questions on the Nursing Home Infection Control incentive payments as typically those are easily answered just by looking at the NHSN COVID-19 database.

**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.](#)

**Mother’s Day in the Post-vaccine Environment?** As Mother’s Day approaches, LeadingAge would like to hear about your community’s plans for visitation. How many visitors do you anticipate? Which protocols will remain in place and which will be relaxed? How will you enable families to celebrate moms while keeping everyone safe? Tell us what you expect and how you’ll navigate this day of happiness and family reunions. Send your great ideas to [Gene Mitchell](mailto:Gene.Mitchell@leadingage.org) (202-508-9424).

**Springtime Reunions & Gratitude: Communications Toolkit.** As progress on vaccinations allows more in-person visitations, the news and social media are filled with stories of reunions. This is a perfect time for LeadingAge and our members to share positive stories of aging services. To help get our stories out, we have prepared [a collection of customizable templates](#) for your use.

**Collaborative Care & Health IT Innovations Summit.** We're looking forward to the 2021 Collaborative Care & Health IT Innovations Summit, happening virtually June 8-10. It's never been more important to build connections with collaborative care partners and stay on top of ongoing healthcare industry changes. [Learn more.](#)

**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.