



## Life Plan Community Weekly: Recap of LeadingAge Updates

April 30, 2021

**Update Calls next week. Is it time to act on long-term care financing reform? Is today's nursing home model relevant for most consumers? And more on vaccine hesitancy.** On **Monday, May 3**, the Update Call will feature two speakers. **Bob Kramer**, Special Advisor and former CEO from the National Investment Center for Seniors Housing & Care will talk about his [Health Affairs blog post](#) on reimagining nursing homes for the future and long-term care financing reform. Also on Monday, Jesse Zemmerer from Community Catalyst will discuss a new grant opportunity, the Vaccine Education and Equity Project and how LeadingAge members can apply to get grants to help advance education campaigns around COVID-19 and other vaccines. On **Wednesday, May 5**, we will speak with Vish Viswanath, a health communications expert from Harvard University whose recent work is focused on how to get past the moveable middle of vaccine acceptance and get those harder to convince staff and residents. We're finalizing plans for Thursday's call. If you haven't registered for Update Calls and wish to, you can do so [here](#).

**LPC Occupancy Down.** In a [new report from Ziegler](#), using NIC data, Life Plan Community occupancy fell in the first quarter of 2021 by 1.4% compared to the fourth quarter of last year, to 84.3%. In the first quarter of 2020, a year ago, occupancy was 91.5% across LPCs. The biggest drop was in for profit LPCs – 9.1%, compared to not for profits, where the drop was 6.6%. Generally, the independent living segment of LPCs had the highest occupancy and smallest drop from a year ago, while the nursing care segment fell the most.

**CMS National Stakeholder Call:** CMS hosted a national stakeholder call on Thursday to review updated CDC recommendations and corresponding revisions to CMS guidance. A recording of this call will be available [here](#) within a few days. Read the LeadingAge summary of this guidance including clarifications made on the CMS stakeholder call [here](#). Following are some of the questions we have received lately that CMS answered on the call:

- **Is eye protection, such as goggles or face shield, required at all times in the nursing home?** CDC guidance on PPE is available [here](#). Full PPE, including eye protection, may be required during resident care based on resident status, outbreak status, or community transmission rates; however, CDC does not intend for eye protection to be worn outside of resident care.
- **Can residents on “affected units” continue outdoor visitation during an outbreak?** Yes, residents on affected units may continue outdoor visitation provided they are not on transmission-based precautions due to confirmed or suspected infection or on quarantine for close contact, including new admission/readmission of an unvaccinated resident.
- **Is indoor visitation restricted during an outbreak if cases are isolated to staff only, and no residents test positive?** Yes, indoor visitation is restricted if multiple staff test positive, even if

no residents test positive. The location/assignments of staff will need to be considered in determining whether the outbreak is contained to a single space or unit.

- **Should fully vaccinated staff be placed on work restriction if a household contact tests positive?** No, fully vaccinated healthcare personnel with “high-risk exposures” including a household contact testing positive do not need to be restricted from work unless the healthcare personnel becomes symptomatic or tests positive.
- **Are nursing homes required to obtain proof of vaccination of visitors before allowing unmasked/un-distanced visits?** No, the nursing home does not need to obtain proof of vaccination from visitors. Asking a visitor about vaccination status is sufficient in determining masking/social distancing protocols.
- **If all residents in an activity/dining are fully vaccinated, but an attending staff member is unvaccinated, must the residents mask and social distance?** Yes, if any individual present is unvaccinated, all must mask and social distance, regardless of whether the unvaccinated individual is a resident or a staff member.
- **If an individual happens to walk by an activity/dining in which masking/social distancing is not required, or enters the area but does not stay, must those present immediately mask and social distance?** No, provided the individual whose vaccination status is unknown does not “congregate” in the area, such as staying to provide care or participate in the activity. If the individual with unknown vaccination status remains, all must mask and social distance. But if the individual simply walks by, or enters the area and quickly leaves again, masking and social distancing by activity/dining participants is not expected.
- **Can nursing homes “cohort” activities/dining based on vaccination status?** Yes, nursing homes may host separate activities/dining based on vaccination status. If choosing to do so, the nursing home must ensure that they continue to comply with Resident Rights requirements.

**CDC to Host Call on Older Adult Vaccinations.** CDC’s Vaccine Taskforce is hosting the second in a series of sessions about COVID-19 vaccination of older adults. The call will take place on May 5, from 1-2:30pm ET. The session will provide updated information about older adult vaccination rates and what older adults can do when they are vaccinated; the session will also include a discussion about the strategies to overcome vaccine hesitancy and provide vaccine access for older persons in rural areas and among HUD-assisted residents. Register [here](#), and send advance questions for the CDC session related to HUD-assisted senior housing to [jbilowich@leadingage.org](mailto:jbilowich@leadingage.org).

**Biden Issues Executive Order on Increasing the Minimum Wage for Federal Contractors.** On Tuesday, President Biden signed an [Executive Order](#) to increase the federal minimum wage for federal contractors. This is similar to what the Obama administration did back in 2014, when a DOL final rule increased the minimum wage for federal contractors to \$10.10/hr. It is now \$10.95/hr based on indexed increases. This would apply to new federal contracts starting after March 30, 2022. The Executive Order requires new regulations on this increase be issued by November 24, 2021. It would

apply to those nursing homes and other provider types that specifically contract with the VA for the care of residents who are veterans and get reimbursed through the VA system. This does **not** apply to providers who just take Medicare and Medicaid – they are not federal contractors under this order, but rather just get reimbursement under these programs. The new regulations will determine if there are any changes to the existing way to calculate the wages for direct care workers or to the current exemptions for certain staff that provide services "in connection with" the contract to provide services for the veterans. We will continue to follow and advise members once the regulations are published for comment or more information is available.

**What states are mandating immunizations or prohibiting employers from mandating them?** The LeadingAge State Legislation Tracker now includes information about the four states that have passed legislation prohibiting employers from mandating COVID vaccines (AL, AR, MT, DC), the more than 20 whose legislatures have introduced legislation to prohibit employers from mandating vaccination, and the one state legislature considering a bill to mandate vaccination for healthcare employees (IL). You can follow progress on these bills in the [State Legislation Tracker](#).

**Bicameral Bipartisan Telehealth Bill “CONNECT for Health Act” Introduced.** Today, U.S. Senators Brian Schatz (D-Hawai’i), Roger Wicker (R-Miss.), Ben Cardin (D-Md.), John Thune (R-S.D.), Mark Warner (D-Va.) and Cindy Hyde-Smith (R-Miss.) led a bipartisan group of 50 senators in reintroducing the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021. Companion legislation has been introduced in the House of Representatives by U.S. Representatives Mike Thompson (D-Calif.), Peter Welch (D-Vt.), David Schweikert (R-Ariz.), Bill Johnson (R-Ohio), and Doris Matsui (D-Calif.). The CONNECT for Health Act has the support of more than 150 stakeholder organizations including LeadingAge and LeadingAge CAST. The CONNECT for Health Act was first introduced in 2016 and is considered the most comprehensive legislation on telehealth in Congress. Since 2016, several provisions of the bill were enacted into law or adopted by the Centers for Medicare & Medicaid Services, including provisions to remove restrictions on telehealth services for mental health, stroke care, and home dialysis. The updated version of the CONNECT for Health Act builds on that progress and includes new and revised provisions that will help more people access telehealth services. A summary of the bill and the full list of endorsing organizations are [available here](#). Specifically, the legislation will:

- Permanently remove all geographic restrictions on telehealth services and expand originating sites to include the home and other sites;

- Revises a policy regarding the use of telehealth in recertification for hospice care, to reflect the statutory language being temporarily authorized during the pandemic for face-to-face recertification. It also requires a GAO report evaluating the appropriateness of patients recertified through the use of hospice;

- Require a study to learn more about how telehealth has been used during the current COVID-19 pandemic;

- Allow health centers and rural health clinics to provide telehealth services, a provision currently in place due to the pandemic but on a temporary basis;

- Provide the Secretary of Health and Human Services with the permanent authority to waive telehealth restrictions, a provision currently in place due to the pandemic but on a temporary basis;
- and

Allow for the waiver of telehealth restrictions during public health emergencies.

**Temporary Nurse Aide documents.** Sheryl Byerly of Redstone Presbyterian Seniorcare spoke on a LeadingAge Update Call his week on the 32 Temporary Nurse Aides (TNAs) Redstone has trained since the 1135 waiver allowing TNAs to take a briefer training than is required for Certified Nurse Aides and then work in skilled nursing settings. Sheryl promised to share the [TNA Skills Competency Checklist](#). (The formatting was lost in the file, but the checklist items are clear.) Redstone recruited TNAs internally, mostly training individuals currently employed as personal care aides. Four additional TNA candidates have already signed on. Twenty-nine of the TNAs are still employed at Redstone and have completed or are completing full CNA training.

**American Families Plan.** The White House released the “third leg” of the Build Back Better three-legged stool – the [American Families Plan](#) – this morning and the President will speak about it tonight. (The American Rescue Plan and the American Jobs Plan were the prior two components.) Many of the provisions in the new plan would support members of the aging services workforce. For instance, the plan would offer:

- Two free years of community college for anyone.
- Subsidized tuition for students from families earning less than \$125,000 for four year Historically Black Colleges and Universities, Tribal Colleges and Universities, and other minority-serving institutions.
- Support for free universal pre-school for all three and four year olds.
- Affordable child care on a sliding scale.
- Support for caregiving through a 12 week paid family and medical leave benefit.

These provisions and others in the plan represent part of an investment in the aging services infrastructure by supporting the people who provide care

**3-day stay waiver.** We’ve received a lot of questions about the 3-day stay waiver, and when it can be used. The waiver is still in effect. There is language pertaining to “impacted by the emergency” but CMS has previously clarified that beneficiaries nationwide are “impacted by the emergency” because of the national public health emergency. CMS has said that waivers are available and should be used if they are needed. The emphasis lately has been on “if they are needed” but CMS does not intend at this point for a case-by-case determination of whether or not the waiver should have been used. Remember that LeadingAge has long advocated (pre-pandemic) and will continue to advocate for dissolution of the 3-day stay rule beyond the public health emergency.

#### FROM HHS:

**How CDC is Making Vaccine Recommendations:** CDC [updated their information on how they make vaccine recommendations](#). CDC added updated vaccine rollout recommendations. When the U.S. supply of COVID-19 vaccine was limited, CDC provided recommendations to federal, state, and local governments about who should be vaccinated first. CDC’s recommendations were based on those from ACIP. The [recommendations](#) were made with the following goals in mind: decrease death and serious disease as much as possible, preserve functioning of society, and reduce the extra burden COVID-19 had on people already facing disparities. While CDC made recommendations for who should be offered COVID-19 vaccine first, each state had its own plan for deciding who would be

vaccinated first and how they could receive vaccines. On April 19, 2021, as COVID-19 vaccines became more widely accessible, vaccine eligibility expanded to everyone in the U.S. aged 16 years and older.

**Vaccine Facts vs. Fiction:** HHS [released an episode](#) of their *COVID-19 Immunity in Our Community* podcast series. In this episode, “Vaccine Facts vs. Fiction,” we hear from two sisters who were influenced by a viral video that promoted wildly false conspiracy theories which made them second guess the vaccines. Then, host Robin Roberts chats with Dr. Anthony Fauci from the National Institute of Allergy and Infectious Diseases (NIAID). At the intersection of what feels good to believe and what's actually true, we'll uncover the science that is ultimately leading to people getting vaccinated.

**Small Gatherings:** CDC [updated their guidance on having small gatherings](#). Specifically, CDC added safer ways to celebrate graduations and end of school events. Attending gatherings to celebrate graduations and other end of the school year events increases your risk of getting and spreading COVID-19. The safest way to celebrate this year is virtually, with people who live with you, or outside while taking prevention measures. If you've been [fully vaccinated](#), you can gather in a home or private setting without a mask with other fully vaccinated people of any age or visit inside a home or private setting without a mask with one household of unvaccinated people who are not at [risk for severe illness](#).

**Case Forecasts:** This week's national ensemble [predicts that the number of newly reported COVID-19 cases](#) will likely decrease over the next 4 weeks, with 158,000 to 601,000 new cases likely reported in the week ending May 22, 2021. The state- and territory-level ensemble forecasts predict that over the next 4 weeks, the number of new reported cases per week will likely decrease in 16 jurisdictions, which are indicated in the forecast plots below. Trends in numbers of future reported cases are uncertain or predicted to remain stable in the other states and territories. View [previous case forecasts](#).

**Nursing Home Visitation:** CMS [revised their guidance on nursing home visitation](#) during the COVID-19 pandemic. CMS, in accordance with CDC guidance, recommends that face covering or mask (covering mouth and nose) and social distancing at least feet between persons occur in the home. The [document](#) instructs readers to view the current CDC guidance [at Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#) for information on indoor visitation. Furthermore, the revised guidance states that the CDC has provided additional guidance on activities and dining based on resident vaccination status. For example, residents who are fully vaccinated may dine and participate in activities without face coverings or social distancing if all participating residents are fully vaccinated; if unvaccinated residents are present during communal dining or activities, then all residents should use face coverings when not eating and unvaccinated residents should physically distance from others. See the [CDC guidance](#) for information on communal dining and activities.

**Long Term Care Facility Requirements:** CMS [revised their guidance for long-term care facilities](#) in regard to testing requirements and COVID-19 focused survey tool. The [document](#) clarifies the

definition of fully vaccinated and unvaccinated: “Fully vaccinated” refers to a person who is  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine; “Unvaccinated” refers to a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is not known, for the purposes of this guidance. The guidance also indicates that both staff and residents, vaccinated or unvaccinated, must be tested for COVID-19 if there is either an outbreak or if they are symptomatic. However, vaccinated staff do not need to be routinely tested. CMS revised the COVID-19 Focused Survey for Nursing Homes tool to reflect the new testing requirements implemented in the IFC. The current Survey/Infection Prevention, Control & Immunization Pathway (CMS-20054) can be found in the [LTC Survey Pathways zipfile](#).

**Infection Control After Vaccination:** CDC [updated their information on infection control after vaccination](#). CDC updated SARS-CoV-2 testing recommendations, to include that anyone with symptoms of COVID-19, regardless of vaccination status, should receive a viral test immediately. CDC updated their visitation guidance to include recommendations for acute care facilities and to describe circumstances when source control and physical distancing are not required during visitation. CDC also added guidance for communal activities and dining in healthcare settings.

**Events and Gatherings:** CDC [updated their information on events and gatherings](#) to provide definitions on large and small gatherings. CDC continues to recommend avoiding large events and gatherings. Currently, CDC does not provide numbers to define small and large events. Large gatherings bring together many people from multiple households in a private or public space. Small gatherings are informal in nature and may occur with family and friends you regularly socialize with, often at someone’s residence.

**COVID-19 Vaccination Program Provider Enrollment:** CDC [updated guidance for providers](#) on the COVID-19 vaccination program provider enrollment process, including the requirements. Providers enrolling in the COVID-19 Vaccination Program must: sign the CDC COVID-19 Vaccination Provider Agreement; enroll in your jurisdiction’s [Immunization Information System](#) (IIS); be trained on how to administer vaccines, report and manage vaccine inventory, store and handle vaccine, report adverse events, report doses administered data, and other essential topics related to the administration of COVID-19 vaccines; and report COVID-19 vaccine inventory daily to [VaccineFinder](#).

**Guidance for Fully Vaccinated People:** CDC [updated their guidance for fully vaccinated people](#). The CDC now provides [guiding principles](#) for fully vaccinated people. Fully vaccinated people [no longer need to wear a mask outdoors](#), except in certain crowded settings and venues. CDC provides clarification that fully vaccinated workers no longer need to be restricted from work following an exposure as long as they are asymptomatic. Fully vaccinated residents of non-healthcare congregate settings no longer need to quarantine following a known exposure. Fully vaccinated asymptomatic people without an exposure may be exempted from routine screening testing, if feasible. The CDC’s guidance underscores that immunocompromised people need to consult their healthcare provider about these recommendations, even if fully vaccinated.

**International Travelers:** CDC [updated their information on international travel during COVID-19](#). CDC recommends delaying international travel until you are fully vaccinated. CDC [updated their guidance for people who are fully vaccinated](#) and returning from international travel. CDC clarified that this guidance applies to COVID-19 vaccines currently authorized for emergency use by the Food and Drug Administration: Pfizer-BioNTech, Moderna, and Johnson and Johnson (J&J)/Janssen COVID-19 vaccines. This guidance can also be applied to COVID-19 vaccines that have been authorized for emergency use by the World Health Organization (e.g. AstraZeneca/Oxford). The CDC also [requires a proof of negative COVID-19 test](#) or proof of recovery from COVID-19 for all air passengers arriving in the United States. If you plan to travel internationally, you will need to get tested no more than 3 days before you travel by air into the United States (US) and show your negative result to the airline before you board your flight, or be prepared to show documentation of recovery (proof of a recent positive viral test and a letter from your healthcare provider or a

**OSHA Workplace Safety rules moving closer to release.** The Department of Labor announced tonight that it sent its Occupational Safety and Health Administration (OSHA) emergency workplace safety rules to the Office of Management and Budget (OMB) for review. OMB review is expected to take about two weeks, then the rules will be released. The rules are expected to require employers to supply workers with masks, have a written plan to avert exposure in the workplace and take other precautions. At the same time, many states are relaxing pandemic restrictions. This is the first time OSHA has used its emergency temporary standards authority since 1983. Fourteen states have put their own workplace standards in place. States that have relaxed their standards will have to comply with the requirements that come out of OSHA.

**LeadingAge conversation with CDC's Dr. Kara Jacobs-Slifka on the new CDC rule.** Dr. Kara Jacobs-Slifka from the CDC joined Thursday's Coronavirus Update Call to talk about the latest CDC guidance. She answered some questions about which situations require masking and social distancing. The CDC is looking for creative ways to identify who is and isn't vaccinated without invading people's privacy, since much of the guidance regarding when masks and social distancing can be dropped is related to whether everyone in the room has been vaccinated. Read a summary article [here](#).

**Summer Enrichment Program Mentors Needed.** LeadingAge is recruiting mentors for the [Summer Enrichment Program](#) (SEP, an internship in the field of aging designed to promote diversity, equity, and inclusion). We would like to pair interns with a mentor who brings diversity to the field of aging. The mentor can be from any LeadingAge organization across the country. The SEP starts in June with approximately 30 interns. This will be an incredible opportunity to mentor a future leader and to share your passion for the field of aging. If you are willing to be a mentor, please [email Christy Kramer](#).

**Virtual 2021 Collaborative Care & Health IT Innovations Summit.** In June, LeadingAge hosts the premier conference for information technology leaders in long-term and post-acute care settings. The Summit will convene industry experts who will share lessons from the pandemic, explore what's on the horizon for technology and collaborative care, discuss the next generation of alternative payment models, and much, much more. Joe Coughlin (MIT AgeLab), Dr. Mark McClennan (Duke University), Chris Ritter (CMS), and Peter Kress (Acts) are among confirmed keynotes. [Learn more and register today](#).

**Mother’s Day Celebrations.** This Mother’s Day, many of you, your staff, clients, and residents can enjoy in-person celebrations—whether on, before, or after May 9. To lift up the positive stories and share the joy of this special holiday, LeadingAge prepared a [toolkit with ideas, sample text, public relations templates, and social media tools](#) for your use. We would also like to share in your celebrations at the national level! Please send photos and videos of residents, clients, and staff embodying the #CareIsLove theme to [communications@leadingage.org](mailto:communications@leadingage.org). And tag us on your social media posts, or post quotes that capture the joy in the day. (Coming next: a toolkit to observe Older Americans Month!)

**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](#)

**Why Social Connectedness Matters - Listen to an interview with Majd Alwan.** LeadingAge CAST has updated its [Social Connectedness and Engagement Technology Tool](#) with four new products and five new provider case studies. In an interview, CAST executive director Majd Alwan says, “Aging services technologies is not just about health care and delivering care services and safety. It is comprehensive ... it caters to the bodies, souls, and minds of residents and their families.” [Listen to the podcast now.](#)