



Nursing Home Weekly: Recap of LeadingAge Updates

April 9, 2021

Vaccines, vaccines. Update calls next week on Monday and Thursday. How can we reach homebound patients/clients and their caregivers with vaccines? Can other aging services providers help? What about improving the percent of home care and home health workers who are vaccinated (currently only 25%)? Join us on **Monday, April 12 at 3:30 PM ET** along with from Dr. Thomas Cornwell, Executive Chair of the Home Centered Care Institute as we tackle these questions. **On Thursday, April 14 at 3:30 ET** Ashley Kirzinger from the Kaiser Family Foundation will be here to talk about the findings from the [Washington Post – KFF survey of frontline healthcare workers](#). According to the survey half of LTC frontline workers have had at least one dose and another 15% either have an appointment or are planning to be vaccinated. If you haven't registered for Update Calls and wish to, you can do so [here](#).

NO UPDATE CALL ON WEDNESDAY, APRIL 14. Instead, please join us for Lobby Day Training.

FCC Posts Emergency Broadband Benefit Resources. This week, the Federal Communications Commission (FCC) posted additional resources for the new Emergency Broadband Benefit (EBB), which provides a monthly discount on internet services for income qualifying households across the country. In addition to recently uploaded FAQs, the FCC has also posted a tool that allows partners and consumers to view by state or territory the providers that will be participating in the Emergency Broadband Benefit program; the list currently includes many of the country's biggest ISPs, as well as local and regional providers. Separately, the FCC announced an upcoming webinar on the new benefit; more info [here](#).

CMS Proposes FY 2022 SNF Payment Rule. The FY 2022 SNF PPS proposed rule was released this afternoon. The proposed increase to the SNF PPS payment rate is 1.3% after a 0.8% forecast error adjustment. The rule proposes certain exclusions to SNF consolidated billing and PDPM adjustments including ICD-10 code mappings and includes a discussion of methodology for recalibrating the PDPM parity adjustment. The rule proposes updates to SNF QRP requirements, including a revision of the number of quarters used for QRP reporting due to the public health emergency.

The rule also proposes 2 new QRP measures: Healthcare-associated infections requiring hospitalization and **COVID-19 vaccination coverage among healthcare personnel**. CMS proposes that data for the latter measure would be reported through NHSN. The rule also proposes updates to the SNF VBP program, including suppression of the 30-day all-cause readmission measure for FY 2022 VBP program year and other proposals for scoring and adjusting payments to SNFs. The proposed rule can be found [here](#). Our summary of the rule will be posted soon. Comments are due by June 7.

Key Questions About Vaccine Mandates. Kaiser released these [Key Questions About Vaccine Mandates](#). Top points are that it is unclear whether the federal government can issue a vaccine mandate, but state's do have the authority to do so. Some healthcare employers require them as a

condition of employment as do some universities for students and employees. We'll cover this brief and some of the legal questions in the Update Call on Monday.

Follow ups to Wednesday call. On Wednesday's Update Call we talked with Mark Beggs from Edenwald in Maryland. He was talking about making vaccination a condition of employment for his staff; he reported that only four staff decided to leave. One of our callers sent [this article](#) afterwards, also about mandating vaccines in a member community. And here is a link to the [Washington Post – KFF survey of frontline staff](#) in health care, including in LTC settings. Ashley Kirzinger, lead author of the analysis of the survey will be on the Update Call on Thursday, April 15 to talk about it.

We have heard from CDC that 50-55% of nursing home staff have now been vaccinated. The WaPo-KFF survey found that the number is slightly higher, in the mid- 60% range, with as many as three of four saying they intend to accept it when offered. Notably unvaccinated, mostly due to access, were home care workers. Our unscientific polling of members on the call today about percent of staff vaccinated in nursing homes showed similar numbers. Forty-two percent of respondents said 40-60% of staff are vaccinated and 31% said 60-80%. Notably, 15% said 80-100%.

Provider Relief Fund: Nicole wrote an [article](#) on the recent updates to the PRF FAQs. She discussed these items along with what we know currently on PRF and answered questions on the Member Coronavirus Call on April 8.

SNF Open Door Forum. CMS announced an Open Door Forum to discuss the forthcoming SNF PPS rule. This call is scheduled for Thursday, April 15 at 2:00 PM Eastern time. Dial: 1-888-455-1397 & Conference Passcode: 8604468.

FROM HHS:

Vaccine Effectiveness: We're getting more and more data on just how effective the vaccines are. Dr. Fauci recently cited two studies from the New England Journal of Medicine that found fully vaccinated care workers — healthcare workers on the frontlines had an extremely low infections rate, less than two-tenths of one percent, compared to unvaccinated healthcare workers who had considerably higher infection rates.

SARS-CoV-2 May Infect Mouth Cells: In an NIH study, researchers find that SARS-CoV-2, the virus that causes COVID-19, [can infect cells in the mouth](#). The findings suggest that the mouth, via infected oral cells, may play a bigger role in SARS-CoV-2 infection than previously thought. Saliva infected by these cells might help infect the lungs when it is breathed in and the gut when it is swallowed. A better understanding of the mouth's role in SARS-CoV-2 infection could help to develop interventions and treat oral symptoms of COVID-19.

HHS Updates Provider Relief Fund FAQs: HHS updated the [PRF FAQs](#) on March 31 and the newly modified and added questions that address issues related to complying with the terms and conditions, ownership structure and financial relationships, and use of funds questions. Nicole is reviewing and will summarize the updates in a short article in the next couple of days. One clear message in the updated FAQs is that HHS has the authority to recoup PRF funds if they weren't

needed or used properly. The Office of the Inspector General is authorized to root out fraud, abuse and waste related to these funds.

Johnson & Johnson, AstraZeneca: It's important to mention that all the Johnson & Johnson vaccine that's available in the U.S. has been authorized by the FDA. None of it came out of this plant in question, and Johnson & Johnson will have the 100 million doses by the end of May as they promised. With assistance from the Health and Human Services Department, Johnson & Johnson has taken complete control of the plant in question, in order to eliminate the potential for any cross-contamination. AstraZeneca is still scheduled to go through the FDA's authorization process as soon as an application is submitted.

FDA Approved Moderna's Plan to Increase Doses: On Friday, the FDA [announced two revisions](#) regarding the number of doses per vial available for the Moderna COVID-19 Vaccine. The first revision clarifies the number of doses per vial for the vials that are currently available, in that the maximum number of extractable doses is 11, with a range of 10-11 doses. The second revision authorizes the availability of an additional multi-dose vial in which each vial contains a maximum of 15 doses, with a range of 13-15 doses that can potentially be extracted. [The Fact Sheet](#) for Healthcare Providers Administering Vaccine (Vaccination Providers) and Prescribing Information have been revised to reflect the new information and are intended to help frontline workers administering COVID-19 vaccines understand the number of doses that can potentially be extracted per vial.

Guidance for Older Adults: CDC [updated their information for older adults](#). Risk for severe illness with COVID-19 increases with age, with older adults at highest risk. Certain medical conditions can also increase risk for severe illness. People at increased risk, and those who live or visit with them, need to take precautions to protect themselves from getting COVID-19.

CDC Travel Guidance:

Fully vaccinated individuals: Those who are at least 2 weeks past the final dose in their vaccine series are considered fully vaccinated and can safely travel within the US while continuing to practice mitigation measures including masking, social distancing, avoiding crowds, and practicing hand hygiene. Fully vaccinated healthcare personnel do not need to be restricted from work. Fully vaccinated residents do not need to quarantine upon return to the nursing home.

Unvaccinated individuals: **Those who received the final dose in their vaccine series less than 2 weeks ago, who have received only one shot in a 2-shot series, or have received no vaccination at all must all follow the guidance for unvaccinated individuals.** This means getting a viral test 1-3 days prior to traveling, another viral test 3-5 days after returning from travel, and self-quarantining for 7 days after returning from travel.

CDC recommends that unvaccinated individuals avoid being around people who are at increased risk for serious illness for 14 days after travel. This would mean that healthcare personnel in our settings would be restricted from work for 14 days, even if they are only quarantining in the community for 7 days. (E.g. you can go to the grocery store after Day 7 but cannot return to work until after Day 14).

CDC recommends that unvaccinated residents quarantine for 14 days following readmission (returning to the nursing home when being out for more than 24 hours).

Everyone must follow state guidelines. So if your state requires quarantine after travel regardless of vaccination status, you must quarantine after travel regardless of vaccination status. The CDC has created [this search tool](#), also linked in the travel guidance, to help identify specific state guidance.

Clarification from CDC on residents' mitigation measures: On our small call with CDC this afternoon, CDC provided clarification on what mitigation measures fully vaccinated residents should be practicing. In the long-term care setting, fully vaccinated residents should continue to follow [CDC guidance for healthcare settings](#) to practice universal source control, meaning masking, social distancing, hand hygiene, etc. When a fully vaccinated resident leaves the nursing home for a social excursion, such as going out to visit family, residents should follow [CDC's interim public health recommendations for fully vaccinated people](#). That means that a fully vaccinated resident can visit with her fully-vaccinated son and his family in his home in the community and will not need to wear a mask or social distance during the visit.

Resources for employers related to COVID stress, vaccine confidence. Stephen Massey, Managing Director of [the Health Action Alliance](#), an initiative to strengthen and support the business response to COVID-19, improve health equity and help rebuild public health, joined the Coronavirus Update Call today. He offered all LeadingAge members access to the Alliance's [resources](#), including those for small businesses. The Health Action Alliance brings businesses together with public health organizations, media, non-profits, government agencies and other partners to improve health outcomes and build stronger communities.

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.](#)

Registration is Open! Collaborative Care & Health IT Innovations Summit 2021. Join us June 8-10 as we explore the latest innovations in managing population health in crises, across the collaborative care ecosystem—including pre-acute, acute care, LTPAC, payers, and solution providers—with a compelling look at tech-enabled care delivery and payment models. [Learn more and take advantage of early registration discounts.](#)

Using Technology to Increase Resident Safety. LeadingAge CAST has updated its Safety Technology Selection Tool that showcases hands-on resources that help providers understand, plan for, select, implement, and adopt the appropriate resident safety technology. Additions to the tool include two new case studies that evaluate how artificial intelligence can support fall prevention in aging services settings. [Read more.](#)

The Pandemic Playbook. Looking for more lessons from COVID? The LeadingAge Pandemic Playbook is [an interactive online collection](#) of insight, wisdom, and best practices for serving older adults during a catastrophic health crisis like the one we're facing now. [Visit playbook.leadingage.org](https://playbook.leadingage.org).

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. 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.

Fraud Alert: Annual Meeting & EXPO Offers. Please beware of any companies reaching out with hotel or other offers claiming to be related to the 2021 LeadingAge Annual Meeting & EXPO. These companies are not associated with LeadingAge. Hotel reservations and registration will be available only through the annual meeting website beginning in July. Questions? Email meetings@leadingage.org