



## Nursing Home Weekly: Recap of LeadingAge Updates

May 14, 2021

**Should we be jumping back to “normal” so quickly? Another point of view.** Join us for the LeadingAge Coronavirus Update Call this Monday, May 17 as we talk with Dr. Ali Mokdad from the Institute of Health Metrics Evaluation from the University of Washington. Dr. Mokdad predicted yesterday that as vaccinations continue, confirmed cases and deaths will decline into the summer, leading many to assume “COVID-19 is gone,” even as outbreaks in places like India carry the potential to fuel new, more virulent variants. He said “the race is to vaccinate as much as we can before we go into the winter,” adding that the current percentage of the population vaccinated is not high enough to stop another wave of infections. He will provide updates on his group’s analysis of trends in coronavirus cases and what the trends seem to be indicating. If you haven’t signed up for Update Calls yet, you can do so [here](#).

**New CDC guidance.** CDC issued revised guidance Thursday on what people can do “[When You’ve Been Fully Vaccinated](#).” They state that people who have been fully vaccinated can “start to do some things that they had stopped doing because of the pandemic.” Fully vaccinated people can resume indoor and outdoor activities without wearing a mask or staying 6 feet apart, except where federal, state, local, tribal, or territorial laws, rules or regulations or local business or workplace guidance is different. No testing is required for travel within the US, unless required by the destination. International travelers are advised to get tested 3-5 days after finishing the travel. Vaccinated people exposed to those with COVID do not need to quarantine or be tested unless they have symptoms. Healthcare, correctional, and homelessness organizations are expressly NOT included in this guidance. LeadingAge members, particularly those who serve people in independent living settings, will likely face many questions and new requests from residents. We look forward to hearing from LeadingAge members about the questions and issues that come up.

**CMS National Nursing Home Stakeholder call:** CMS hosted a national stakeholder call Thursday afternoon to review the newly released interim final rule on COVID-19 reporting. As CMS outlined, the rule has 3 major requirements: providers are required to educate residents and staff on the benefits and potential side effects of COVID-19 vaccination; offer the vaccine to residents and staff who have not previously been vaccinated and for whom no contraindications to vaccination exist; and report vaccination rates on numbers of residents and staff who have lived or worked in the nursing home in the past week. During the stakeholder call, CMS provided the following clarifications:

- While the rule for educating and offering vaccination applies to both long-term care and ICF/IID settings, reporting vaccination rates will be voluntary for ICF/IID. Reporting is required for nursing homes.
- Reporting will be enforced under F884 Reporting to NHSN. CMS will survey for compliance through a weekly data pull and audit conducted off-site by CMS. The educating and offering aspects of the requirements will be surveyed under new F887. Surveyors will look at sample education materials provided to residents/staff, rosters of individuals attending group trainings and education sessions, and will sample residents and staff to determine if they have been educated/offered the vaccine.

- If the nursing home is not available to offer the vaccine, they must provide alternatives for where the resident/staff can access the vaccine. Providers should document the information provided to residents/staff for accessing the vaccine, as well as all attempts made by the provider to obtain the vaccine.
- Reporting into NHSN is aggregate data that includes cumulative numbers. Providers should begin reporting immediately but do not need to include residents and staff who were vaccinated previously but are not currently living/working in the nursing home. To obtain the accurate numbers for reporting, the nursing home should identify all residents who were in the nursing home at least one day over the reporting week, and all staff who worked in the nursing home at least one day during the reporting week, then identify vaccination rates from these samples.
- Nursing homes must report on residents and staff regardless of where they were vaccinated. For example, a resident who has stayed in the facility at least one day over the reporting week and was vaccinated at the hospital or another off-site location would be calculated in the vaccination rate for reporting.
  - If an individual is unwilling to disclose vaccination status or if the vaccination status cannot be determined, the individual should be considered “unvaccinated” and the provider should attempt to provide education and offer the vaccine, while reporting the individual as “unvaccinated” until vaccination is provided or confirmed.

This rule is effective May 21, 2021. CMS states that providers should begin to implement these requirements immediately. Providers who fail to comply with reporting requirements will be assessed citations and associated penalties beginning June 14, 2021.

**New Action Alert On Blueprint For A Better Aging Infrastructure.** Thursday all LeadingAge members received an action alert urging them to contact Congress and we are asking your help in putting in your communications with members. This action alert highlights our Blueprint for Building A Better Aging Infrastructure and you can ask your members of Congress to support and pass these critical programs that will help us strengthen our infrastructure for caring for older adults. Text for use is below:

**Congress Needs To Invest In Our Aging Infrastructure**

Aging services are an essential part of the nation’s infrastructure. There are 52 million people over 65 now, a population that is expected to double by 2040. Right now, we don’t have the infrastructure for aging services that we need—and the systems we do have are crumbling. The COVID-19 pandemic made clear the tragic human consequences that can happen when our systems are weak. It is no longer acceptable that our system largely ignores a set of services that half of older adults will need in our country. Congress needs to act now and support LeadingAge’s Blueprint For A Better Aging Infrastructure.

[\*\*ACT NOW by contacting your U.S. Representative and Senators and ask them to invest in our aging services infrastructure.\*\*](#)

**LTC Providers: The New 21<sup>st</sup> Century Cures Act Rules Apply to You!** If you are a nursing home, home health or other LTC provider, don’t miss LeadingAge’s next virtual event on the implications of regulations stemming from the 21<sup>st</sup> Century Cures Act on long-term post-acute care (LTPAC) providers. The webinar on **Tuesday, May 25 from 1:00-3:00 p.m. ET** will walk through how the recently released

rules support the seamless and secure access, exchange and use of electronic health information. Speakers from the Centers for Medicare & Medicaid Service (CMS) and Office of the National Coordinator (ONC) include:

- **Kianna Banks**, Nurse Consultant, CMS
- **Scott Cooper**, Center for Clinical Standards & Quality, CMS
- **Johnalyn Lyles**, Division Deputy Director, Regulatory & Policy Affairs, ONC
- **Alex Mugge**, Deputy Chief Health Informatics Officer, CMS

They will talk about the applicability to LTPAC of the CMS Interoperability Rule, ONC Information Blocking Rule, and other quality/reporting regulations and requirements. **This virtual event is free, but registration is required. [Save your spot now.](#)**

**Demographic and Social Factors Associated with COVID-19 Vaccination Initiation Among Adults Aged ≥65 Years:** CDC released an *MMWR* on the [demographic and social factors associated with COVID-19 vaccination initiation among adults ≥65 years](#). This report was posted online as an *MMWR* Early Release on May 11. Older adults have experienced higher risk for COVID-19–associated morbidity and mortality and therefore have been prioritized for COVID-19 vaccination. After the first 3.5 months of the U.S. COVID-19 vaccination program, 79.1% of adults aged ≥65 years had received ≥1 dose, with higher vaccination initiation among men. Counties with lower vaccination initiation rates had higher percentages of older adults with social vulnerabilities. Monitoring demographic and social factors affecting COVID-19 vaccine access for older adults and prioritizing efforts to ensure equitable access to COVID-19 vaccine are needed to ensure high coverage among this group.

**Nursing Home Rule Requiring Reporting of COVID-19 Vaccination:** CMS released an interim final rule with comment period that requires nursing homes to do the following:

- Educate residents, representatives, and staff on the benefits and potential side effects of COVID-19 vaccination. The nursing home must document that education has been provided and whether the vaccine was accepted or declined.
- Offer COVID-19 vaccination to all residents and staff who are not previously vaccinated and for whom there are no contraindications to COVID-19 vaccination. If the nursing home cannot immediately offer vaccination, the nursing home must provide information for alternatives to accessing vaccination.
- Report rates of vaccination for both residents and staff through the National Healthcare Safety Network (NHSN). Data should be submitted on a weekly basis and the first data submission must be received by 11:59pm on Sunday, June 13, 2021. Penalties will begin on June 14.
- Report resident use of therapeutics through NHSN.

Remember that “staff” means individuals working in the nursing home at least once per week and includes employees, volunteers, and individuals providing services under arrangement or contract. Nursing homes that fail to report vaccine rates or therapeutics will be cited under existing F884. Recall that failure to report under F884 also carries associated Civil Monetary Penalties. Nursing homes that fail to provide education and offer vaccination to residents/representatives and staff will be cited under new F887. The rule goes into effect on

May 21. Comments on the rule are due July 11. The rule is available for review [here](#). CMS released memo [QSO-21-19-NH](#) to provide interpretive guidance. The CMS press release is available [here](#).

**FROM HHS:**

**Ways COVID-19 Spreads:** CDC [updated their information on the different ways COVID-19 spreads](#). COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected. CDC outlines the three main ways that COVID-19 is spread: breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus; having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze; and touching eyes, nose, or mouth with hands that have the virus on them.

**More Bipartisan Congressional Pressure on HHS related to PRF:** 77 members of Congress sent a [letter](#) to HHS Secretary Becerra with three key asks related to Provider Relief Funds. First, they ask that providers have more time to spend the PRF dollars they receive extending the deadline to June 30, 2022. Second, they urge HHS to distribute the remaining funds ASAP to providers (there is estimated about \$23-24B remaining). Third, they note that the ever-changing and complex reporting requirements are causing providers to hesitate to use the funds they have received for appropriate and needed projects. They don't offer a remedy but raise the issue that HHS should balance fraud prevention and need for the funds.

**Andrea Palm Confirmed for Number Two Job at HHS.** Andrea Palm was confirmed today in the Senate by a vote of 61 -37 to serve as Deputy Secretary of the US Department of Health and Human Services. She led Wisconsin's state health department for the past few years (though she was never confirmed) and prior to that served in the Obama Administration as a Counselor to HHS Secretary Sylvia Burwell.

**State and Local Funding Guidance Released:** Treasury rolled out the guidance for how states and local governments can use the American Rescue Plan relief money allocated to those entities. Links follow, but in short the recipients of these funds have considerable flexibility with respect to how to spend them down, and the guidance sets the stage for all levels of government affected to support aging services. We are going to schedule time for state partners (execs and staff) to talk about next steps and strategize. If you want to be part of that discussion, please reach out to Brendan.

- LeadingAge article: <https://leadingage.org/regulation/treasury-publishes-state-and-local-aid-guidance-can-support-aging-services>
- Treasury landing page: <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>
- PDFs linked here contain the amounts how much funding **states** will receive, in addition to **counties**, **cities**, and **other municipal governments**.

**Photo Request: Show Us YOUR Strong Communities.** We are looking for photos from members that we can share throughout May. Help us showcase themes such as building endurance, overcoming challenges, and celebrating the joy in little. Photo ideas include: staff working with residents on using technology, residents participating in community programming, and reunion photos. Please send your photos to [communications@leadingage.org](mailto:communications@leadingage.org).