



## Nursing Home Weekly: Recap of LeadingAge Updates May 27, 2021

**Upcoming Update Calls – More creative member solutions and a member of Congress on tap. Calls at 3:30 ET tomorrow, Thursday as well as next week on Wednesday and Thursday. NO CALL ON MONDAY** due to Memorial Day holiday. **Our Thursday, May 27**, conversation will include Lorri Summers from LeadingAge member community the Park Danforth who will help unpack how her organization achieved high vaccination rates with staff through communication and workplace culture. **On Wednesday, June 2**, Sharon Wilson Geno of Volunteers of America will talk about handling updated guidance in housing settings across multiple states. Representative Tom Suozzi will be our guest on **Thursday, June 3**, discussing his WISH Act proposal, a public-private catastrophic long-term care benefit. If you haven't signed up yet, you can join the call by [registering here](#)

**Monoclonal antibody treatment webinar.** LeadingAge, AHCA, and AMDA are jointly collaborating with the federal COVID response team to hold a live event, "Update on the Use of Monoclonal Antibody (mAB) Therapies for COVID-19: A Review of New Treatments and At-Risk Populations." The event is set for June 15 at 3:00 PM ET, and will be available on the AHCA Education platform. Dr. Michael Anderson of the federal COVID response team will present an overview, followed by a panel with a representative from each of the three associations talking about experiences, obstacles, and opportunities with mAB. Register [here](#) for the event.

**Nursing Home Advisory Group:** As promised, we have written up a summary of yesterday's Nursing Home Advisory Group call. The summary is available [here](#). Please email Jodi ([jevigor@leadingage.org](mailto:jevigor@leadingage.org)) if you are not currently on the email list for this group and would like to be added.

**Commonwealth Fund Brief on Framework for Considering Future of COVID-19 Medicare Waivers.** The Commonwealth Fund put out a new issue brief that looks at the over 200 waivers issued during the COVID-19 PHE and how the Biden Administration might frame their thinking about which to keep in place. The brief, including an appendix of which waivers CMS can act on alone and which need Congressional approval, can be found [here](#)

**Registration Open – HQRP – Understanding the Composite Quality Measure – Webinar.** CMS is hosting a webinar on understanding the composite quality measure on Wednesday, June 2, from 2:00 – 3:30 PM ET. Spaces are limited so please only register if you can attend live; otherwise sign up for the list to receive notification of when the recording will be available. Click [here](#) to register for the HQRP webinar. If you would like to be notified by email when the recording of the webinar is available, click [here](#).

**New Nursing Home Guide from AHRQ.** [Invest in Trust: A Guide for Building COVID-19 Vaccine Trust Among Certified Nursing Assistants](#) (CNAs) is designed to help nursing home leaders build COVID-19 vaccine confidence among CNAs and overcome barriers to vaccination by applying insights from social, behavioral and cognitive science. Created by the Center for Public Interest Communications (CPIC) for

the AHRQ ECHO National Nursing Home COVID-19 Action Network, it offers practical tools for building vaccine confidence in U.S. nursing homes. [Download the Invest in Trust Guide today.](#)

**From HHS:**

**Background Rationale and Evidence for Public Health Recommendations for Fully Vaccinated People:**

CDC [updated their background rationale and evidence for public health recommendations for fully vaccinated people](#). Data were added from studies published since the last update that further demonstrate currently authorized COVID-19 vaccines are effective against SARS-CoV-2 infection, symptomatic and severe disease, and hospitalization with COVID-19. Data were added suggesting that currently authorized mRNA vaccines provide protection against variants of concern, including the B.1.1.7 strain that is predominant in the United States. Data were added from studies published since the last update that further demonstrate people who are fully vaccinated with a currently authorized mRNA vaccine are protected against asymptomatic infection and, if infected, have a lower viral load than unvaccinated people.

**Laws and Regulations:** CDC [updated their information on laws and regulations with regard to COVID-19](#).

To help prevent the spread of COVID-19 and help our country cope during the pandemic, CDC has occasionally issued legally binding orders and regulations. CDC's regulations include the following: face masks are required on public transportation and at transportation hubs; there is temporary protection from evictions; COVID-19 test or proof of recovery are needed for arrival in the U.S; travel is suspended from countries experiencing certain infectious disease outbreaks; and there is a temporary halt to expulsion of unaccompanied minors.

**Sniffing Out COVID-19:** NIH [released information on four new studies to investigate rapid smell tests](#) that may help quickly identify COVID-19 infection and prevent virus spread. The National Institute on Deafness and Other Communication Disorders (NIDCD) has funded four new projects that aim to develop smell and taste (chemosensory) tests for COVID-19. The research is supported through the [Rapid Acceleration of Diagnostics Radical \(RADx-rad\)](#) initiative, which supports new, non-traditional approaches to addressing gaps in COVID-19 testing. The new tests will be cost-effective, fast, and easy to mass-produce, which will allow them to be used at home, in schools, in under-resourced communities, and anywhere else COVID-19 tests are hard to get.

**Hospitalization and Death by Race/Ethnicity:** CDC [updated their data on COVID-19 hospitalizations and deaths by race/ethnicity](#). Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.

**Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes:** CMS [updated their toolkit to mitigate COVID-19 prevalence in nursing homes](#). The updated version includes recent information and guidance on vaccinations to prevent infection with influenza virus, pneumococcus, and SARS-CoV-2, the virus that causes COVID-19.

**Addressing Hesitancy with Caregivers and Healthcare Navigators:** HHS [released a new podcast episode in their COVID-19 Immunity in Our Community series](#). This episode, "Addressing Hesitancy with

Caregivers and Healthcare Navigators,” discusses how making healthcare decisions for yourself – or the people in your care – are some of the most important choices you will ever make. It's understandable to have questions about the efficacy of the COVID-19 vaccines. Community healthcare navigators are there to help ease vaccine-related concerns, and bridge the gap of trust between their communities and the healthcare providers that serve them. These navigators can be a local nurse or pharmacist, or even just a faith leader or friendly neighbor. This episode, we hear from Heather Simpson, a mother who was once part of the anti-vax community. Thoughtful discussion helped change her mind, and now she's been vaccinated against COVID-19. She talks about the best way to open up discussions with vaccine-hesitant people. Then, we hear from Dr. Rochelle Walensky, Director of the Centers for Disease Control and Prevention, about the importance of these healthcare navigators, and what the CDC is doing to support them.

**Coronavirus Response and Relief Supplemental Appropriations Act of 2021:** The Administration for Community Living (ACL) is [establishing the “Coronavirus Response and Relief Supplemental Appropriations Act of 2021: Grants to Enhance Adult Protective Services to Respond to COVID-19”](#) funding opportunity to implement Section 2042(b) of Subtitle B of Title XX of the Social Security Act, otherwise known as the Elder Justice Act (EJA) as authorized and funded through the Coronavirus Response and Relief Supplemental Appropriations Act, 2021. In accordance with these statutes, the purpose of this opportunity is to enhance and improve adult protective services provided by States and local units of government in response to the COVID-19 pandemic. These frequently asked questions (FAQs) are provided to assist APS programs better understand the new funding opportunity. These FAQs further elucidate the information contained in the Federal Register Announcement for this Opportunity, published on February 1, 2021, as well as all prior versions of FAQs for this opportunity.

**Program Reporting Guidance – COVID Response:** ACL is [issuing this guidance regarding programmatic reporting on the “Coronavirus Response And Relief Supplemental Appropriations Act Of 2021”](#) supplemental grant funds provided to state Adult Protective Services (APS) programs. Because grant funds were awarded before programmatic reporting guidance was disseminated, ACL understands that grantees may be tracking these funds in a variety of ways depending on grantee reporting system and administration of funds. ACL urges states to work closely with their local APS programs to update them on COVID-related programmatic reporting information and to coordinate the timing and format in accordance with this guidance.

**Training for Healthcare Professionals:** CDC [updated their training materials for healthcare professionals](#). The training resources cover the following areas: cross-cutting topics, vaccinations, clinical care and infection control, personal protective equipment (PPE), nonpharmaceutical interventions (NPIs), emergency preparedness and response, additional topics, and external trainings.

**MMWR Study:** An *MMWR* from the CDC looks both at the Pfizer-BioNTech and the Moderna vaccine among healthcare personnel at 33 sites in the United States. If you look at the effectiveness in the real-world setting — again, right at the point that we saw with the clinical trials — usually real-world settings have less of an efficacy than in the trials. That is not the case here — 94 percent against symptomatic disease.

**New England Journal of Medicine Study:** If you look at a very interesting study that came out two days ago in the *New England Journal of Medicine* looking at the incidence of SARS-CoV-2 infection in nursing home residents in those who are either vaccinated or unvaccinated, we see a very interesting phenomenon. Among the 13,000 residents who were vaccinated who received two doses, there was a 1 percent infection within 0 to 14 days of the second dose, and practically no infections — namely, 0.3 percent — after 14 days. Note that 80 percent of the cases were asymptomatic among vaccinated individuals — something that we have seen in other situations. On the other side of the coin are those in the same study who are unvaccinated. If you look at the infection rate of those individuals within 0 to 14 days after the first clinic, they were 4.3 percent compared to the very small 1 percent, and they're 0.3 percent if you waited more than 42 days. This is a reflection of what is likely a mini version, within the nursing home setting, of herd immunity.

**NGA COVID-19 Vaccine Incentives:** The National Governors Association [released a memo to provide an update on the current COVID-19 vaccine incentives](#) being utilized across the country. This memo includes information on state- and city-led incentives. Please note that vaccination incentives is a relatively novel topic in public policy and it is not known to what extent incentives like this drive increases in vaccinations, but there are some early indications that the right incentive can help.

**Nursing Home Advisory Group:** The monthly Nursing Home Advisory Group call took place this week with a presentation from Dr. Dan Budnitz for CDC on the COVID-19 vaccine reporting module in NHSN. Dr. Budnitz also fielded several questions from members relative to vaccine reporting processes. We'll have a summary of the call, which additionally included member discussion on vaccine access and implementation of activities/dining guidance, available in the next day or so. The next regularly scheduled call will take place on Tuesday, June 29 at 2pm ET. If you are not currently receiving a new invite each month for this call, please email Jodi [jevigor@leadingage.org](mailto:jevigor@leadingage.org) to be added to the list. We will also host a special call next Thursday, June 3 at 2pm ET to discuss the new interim final rule on vaccine education/offering/reporting.

**Provider Association Call with CMS ("small call"):** On our bi-weekly provider association call, CMS answered a few of the questions we've been hearing about the new vaccine reporting rule, and discussed a concerning survey trend:

- Requirements for educating residents and staff who decline vaccination: As reported by Holly Norelli of CMS on our national member call Thursday, May 20, the new rule does not require multiple refusals from residents and staff who decline vaccination. CMS encourages providers to work with residents and staff to address vaccine hesitancy, which may involve multiple conversations, but a provider is in compliance with the requirement if they have documented at least one episode of educating and offering vaccination. Remember, however, the rule also requires providers to educate on ongoing opportunities for vaccination.
- NHSN reporting: The effective date of the rule vs. the date of enforcement is creating a great deal of confusion. CMS states, "The rule is effective now," and indicates that providers should begin reporting now to avoid any last minute issues ahead of the June 13 / 11:59pm enforcement date. However, we note that CMS states in [QSO-29-21-NH](#), "Facilities must begin including vaccination and therapeutic data reporting in facility NHSN submissions by 11:59 p.m. Sunday, June 13, 2021." Additionally, as with previous NHSN reporting requirements, providers must submit data at least once per week, but may choose the day they submit data.

- Trend in IJs: CMS has noted that state survey agencies are reporting a trend in immediate jeopardy citations. CMS was unable to share objective data on frequency as compared to prior surveys, but subjectively, surveyors have expressed concern that the observed IJs are more serious than in the past. The impact of the public health emergency on staff seems to be playing a role: staff shortages, staff exhaustion, and staff turnover. These factors leave opportunity for system and process lapses or breakdowns, which appear to be leading to many of the immediate jeopardy situations.

**Series on Emotional Well-Being.** LeadingAge is offering a four part live/virtual series, from July 22 through October 7, on [Promoting Emotional Well-Being](#). Led by Kelly O’Shea Carney and Kirsten Jacobs, the sessions will explore why emotional well-being matters, expanding the view of emotional well-being, creating a culture that supports it, and a path forward. The series is open to all LeadingAge provider members but limited to 20 participants; the cost is \$599 for the series. Registration deadline is July 1.

**CMS Administrator confirmed by Senate.** Today, the Senate confirmed Chiquita Brooks-LaSure by a bipartisan vote of 55-44 to be CMS Administrator. Brooks-LaSure was nominated in the early days of the Biden administration and had a relatively uncontentious confirmation hearing, but confirmation was held up by concern over a Medicaid issue that was unrelated to Brooks-LaSure. Brooks-LaSure previously served HHS and CMS during the Obama Administration and was instrumental in implementation of the Affordable Care Act. One priority identified for CMS at the outset is to permanently adopt some of the telehealth flexibilities employed through emergency waiver during the public health emergency

**FEMA Funeral Benefit program changes coming?** Politico is reporting tonight that thousands of people seeking federal funeral assistance from the FEMA [funeral assistance program](#) have not been able to get that help because their death certificates do not list COVID as the cause of death. FEMA has been advising applicants to seek changes in death certificates, but medical personnel are reluctant to amend death certificates. The program includes safeguards to prevent fraud but there are still concerns that people will try to game the program with the result that people who really need the help may not be able to get it. According to the report, FEMA officials are working with CDC to find ways to reduce the burden on applicants.

**Mental Wellbeing: Regaining Confidence and Control.** May is Mental Health Awareness Month, which is a timely opportunity to think about the trauma of the past year and how it has affected everyone, in ways we may not yet fully realize. [This on-demand session](#) on the LeadingAge Learning Hub explores how we all can respond to the sadness, anxiety, fear, and stress that arise when we face short and long-term crises. [Free for members to access.](#)

**Free Access to Providers! 2021 Collaborative Care & Health IT Innovations Summit.** As members of the collaborative care community, we all know how important it is for long-term and acute care providers to stay current with the very latest technology and innovations that can improve care, reduce costs, and lead to better health outcomes for older adults. But, after a year of struggling with COVID, many of you have shared that your budgets just won’t allow you to attend this year’s Collaborative Care & Health IT Innovations Summit. That’s why LeadingAge is opening up the June 8-10 event by offering [free registration to all care providers across the collaborative care continuum](#)

**How Are You Supporting Your Team’s Emotional Wellbeing?** The last year has taken a toll on your team members, elders, and their families. Are you doing all you can to support their mental health and emotional wellbeing? Join LeadingAge's [new virtual shared learning series](#) for expert-led instruction to help you build and sustain strategies for supporting your community’s mental health. Led by Kelly O’Shea Carney, PhD, ABPP and LeadingAge’s Kirsten Jacobs, the series will explore why emotional wellbeing should be a top concern for your organization. Participation is limited. [Learn more and register today.](#)