

Life Plan Community Weekly: Recap of LeadingAge Updates

June 11, 2021

How did the pandemic play out in nursing homes in Indian Country? What’s going on now with vaccination rates? Join us for the Coronavirus Update Call on Monday, June 14 at 3:30 to hear from Debbie Dyjak, the President of UNITE. UNITE advocates on behalf of tribal nursing homes. She and others from UNITE will talk about how they have worked to transform care. They’ll also discuss vaccination rates, which are reportedly high among certain tribes, and talk about how providers have worked with residents and staff. If you haven’t signed up yet, you can join the call by [registering here](#).

Vaccination reporting: CMS included the first round of vaccination data in today’s data update on the nursing home data site (data.cms.gov). The data reported is for reporting week Monday, May 24 – Sunday, May 30. We’re hearing that only about 28% of nursing homes have reported this data thus far. Recall that enforcement begins Monday, June 14, which means nursing homes must begin including vaccination and therapeutics data in weekly reporting by this Sunday, June 13 at 11:59pm. NHSN has [training video](#) and [slides](#), the Tables of Instructions and printable forms for data collection, [Guidance to COVID-19 Data Entry Screens](#), [Uploading Group Data](#), [Data Tracking Worksheets](#) and [Reference Guide](#), and [Line Lists of COVID-19 Vaccination Data](#).

Provider Relief Fund Update – key updates, more analysis to come next week. HRSA released long awaited guidance on the provider relief fund reporting requirements on Friday afternoon. We will have much more on this next week, but here are some key updates:

- The period of availability of funds is based on the date the payment is received (rather than requiring all payments be used by June 30, 2021, regardless of when they were received). Therefore, there are different deadlines for utilization and reporting of the funds will be based on when a provider received the PRF payment.
- HRSA divided the “payment received period” into four periods with different deadlines to utilize the funds and different reporting requirements.
- Recipients are required to report for each Payment Received Period in which they received one or more payments exceeding, in the aggregate, \$10,000 (rather than \$10,000 cumulatively across all PRF payments).
- Those four periods, with their corresponding deadlines and reporting requirements are:

	Payment Received Period*	Deadline to Use Funds	Reporting Time Period
Period 1	April 10, 2020 to June 30, 2020	June 30, 2021	July 1 to September 30, 2021
Period 2	July 1, 2020 to December 31, 2020	December 31, 2021	January 1 to March 31, 2022

Period 3	January 1, 2021 to June 30, 2021	June 30, 2022	July 1 to September 30, 2022
Period 4	July 1, 2021 to December 31, 2021	December 31, 2022	January 1 to March 31, 2023

*Providers must report for each reporting period in which they received *payments exceeding \$10,000 in aggregate payment received.*

- Recipients will have a 90-day period to complete reporting (rather than a 30-day reporting period).
- The reporting requirements are now applicable to recipients of the Skilled Nursing Facility and Nursing Home Infection Control Distribution in addition to General and other Targeted Distributions.
- The PRF Reporting Portal will open for providers to start submitting information on July 1, 2021.

More information can be found [here](#)

CMS increases reimbursement rate for homebound vaccinations. CMS announced that they are increasing the rate for providing the vaccine to those who administer the vaccine in home to those who are having trouble accessing the vaccine. LeadingAge has been engaged in advocacy around the critical need to provide vaccines in the home and community and are excited to see CMS respond with some additional financial support for those who are having trouble vaccinations from vaccine sites. An article on this new guidance can be found at: <https://leadingage.org/planning-paying/cms-increases-payment-rate-home-covid-vaccinations-1>

Expanded Eldercare Locator Services Include Vaccine Appointments: the Eldercare Locator, a service that is provided by the Administration for Community Living and the National Association for Area Agencies on Aging (n4a) now has the resources to help older adults to find vaccine appointments in their communities. If older adults or those who serve them need help connecting to potential ways to get vaccine in their community, they can call the Eldercare Locator for assistance! More information can be found [here](#).

OSHA Emergency Temporary Standard for Healthcare Settings. Thursday afternoon the Department of Labor’s Occupational Safety and Health posted an emergency temporary standard for health care settings; it focuses on healthcare workers most likely to have contact with someone infected with COVID. It will be effective immediately upon publication in the Federal Register and employers will have to comply with most requirements within two weeks. [Here](#) is a brief summary of the provisions of the rule.

Committee on Education & Labor Examine DOL Priorities, and Highlight the Release of the OSHA Workplace Rules. The House Education and Labor Committee held a June 9, 2021, hearing titled,

“Examining the Policies and Priorities of the U.S. Department of Labor (DOL).” Secretary of Labor Marty Walsh, the hearing witness, reflected on how the Biden Administration’s [American Jobs Plan](#) (AJP), the [American Families Plan](#) (AFP) and the President’s fiscal year (FY) 2022 federal budget impacts workforce development programs, and how as a nation, we should sufficiently invest in our workforce infrastructure. The hearing also provided Secretary Walsh with an opportunity to address the above-mentioned long-awaited workplace protections for COVID-19 from the Occupational Safety and Health Administration. [Here](#) is an article about the hearing.

Save the Date – June 24, 3:00 PM ET for a Medicaid Managed Care Issue Forum. Many of the state execs and staff asked if we could host a forum similar to the one we had in late April on Medicare Advantage but this time on Medicaid Managed Care Issues. Nicole will send out an email in the next week that will include the Zoom link. In the meantime, please submit topics you would like to discuss, questions you would like answers to or other items to [Nicole](#) so we can make this a productive use of everyone’s time. We hope this time works for the majority of folks.

From HHS:

Older Adults: CDC [updated their information for older adults on COVID-19](#). CDC clarified and consolidated their information into the following sections: increased risk of severe illness from COVID-19; protect yourself and other from getting COVID-19; if you are sick or think you were exposed to COVID-19; visiting older adults in residential communities; and further resources.

Decreases in COVID-19 Cases, Emergency Department Visits, Hospital Admissions, and Deaths Among Older Adults Following the Introduction of COVID-19 Vaccine: CDC released an *MMWR* on [the decreases in COVID-19 cases, emergency department visits, hospital admissions, and deaths among older adults following the introduction of COVID-19 vaccine](#) in the United States from September 6, 2020 – May 1, 2021. This report was released as an *MMWR* Early Release on June 8. COVID-19 vaccination began in the United States in December 2020, and adults aged ≥65 years were prioritized in early phases. By May 1, 2021, 82%, 63%, and 42% of adults aged ≥65, 50–64, and 18–49 years, respectively, had received ≥1 vaccine dose. From November 29–December 12, 2020 to April 18–May 1, 2021, the rate ratios of COVID-19 incidence, emergency department visits, hospital admissions, and deaths among adults aged ≥65 years (≥70 years for hospitalizations) to adults aged 18–49 years declined 40%, 59%, 65%, and 66%, respectively. The greater decline in COVID-19 morbidity and mortality in older adults, the age group with the highest vaccination rates, demonstrates the potential impact of increasing population-level vaccination coverage.

CDC COVID-19 Study Shows mRNA Vaccines Reduce Risk of Infection by 91 Percent for Fully Vaccinated People: A new CDC study [finds the mRNA COVID-19 vaccines authorized by the Food and Drug Administration \(Pfizer-BioNTech and Moderna\)](#) reduce the risk of infection by 91 percent for fully vaccinated people. This adds to the growing body of real-world evidence of their effectiveness. Importantly, this study also is among the first to show that mRNA vaccination benefits people who get COVID-19 despite being fully vaccinated (14 or more days after dose 2) or partially vaccinated (14 or more days after dose 1 to 13 days after dose 2). The findings come from four weeks of additional data collected in CDC’s HEROES-RECOVER study of health care workers, first responders, frontline workers, and other essential workers. These groups are more likely to be exposed to the

virus that causes COVID-19 because of their occupations. Preliminary results from this study were first announced in March 2021.

Connecting Your Community Clinic with Federal Pharmacy Partners: CDC [updated their information on connecting your community clinic with federal pharmacy partners](#). If your community clinic is interested in partnering with one of the larger chain pharmacies, you can find the instructions on how to submit a request, as well as contact information on this webpage.

Frequently Asked Questions About COVID-19 Vaccination: CDC [updated their frequently asked questions page](#) about COVID-19 vaccinations.

Workplace Vaccinations and Incentives: Effective immediately, the American Hospital Association has launched the capability to bring vaccinations directly to people’s workplaces through their member hospitals. Employers can now email COVID19@aha.org, and your business will be connected with a local provider who can work with you to host an onsite pop-up clinic, and usually make it happen in a matter of days. Many states and many businesses have launched incentive programs, and anecdotal reports are emerging that many of these are working well.

Webinar on Monoclonal Antibody Treatment

On June 15 at 3:00 p.m. ET, LeadingAge, AHCA, and AMDA are cosponsoring a free webinar on the use of monoclonal antibody therapies (mAb) for COVID-19. Leaders from the Federal COVID Response Team, HHS Office of the Assistant Secretary for Preparedness & Response, and a panel of experts will discuss the role mAb therapies will continue to play as the COVID-19 pandemic shifts to an epidemic. [Learn more and register](#)

New Action Alert! Congress is back to work and negotiations on the proposed infrastructure bill and funding for key programs is happening now. We need aging services advocates like you to demand funding for safe and affordable housing and home and community-based services for older adults. [Tell Congress to fund our aging services infrastructure now!](#) At a time when millions of older adults—a large proportion of them from marginalized communities—are facing hardships, it’s critical for Congress to take action by providing more support and resources. Tell your representatives in Congress that any infrastructure bill that goes forward must provide for safe and affordable housing designed specifically for older Americans, as well as home and community-based services by visiting <https://mobilize4change.org/H6bmCVJ>

Interim final rule CMS-3414-IFC. CMS released interim final rule [CMS-3414-IFC](#) on vaccine education, offering, and reporting on May 13. The rule went into effect on May 21 and enforcement on vaccine and therapeutics reporting begins this coming Monday, June 14. More info is available in this [CMS memo](#). Here’s a couple FAQs we’ve been receiving lately:

- **When/how often do I report?** CDC wants the data to be as accurate as possible. The reporting week is Monday – Sunday so they say you can report on Mondays for the previous week or you can report on your regular day, then go back in later to correct the data. CMS says, “As long as you report once per week, you are in compliance.”
- **What does “cumulative” reporting mean in this requirement?** The rule was effective May 21, and QSO-21-19-NH states that nursing homes must “begin including vaccination and therapeutics data . .

.by 11:59pm Sunday, June 13.” When you report, you are reporting on any eligible resident or staff member in that reporting week, regardless of whether they were vaccinated that week or 6 months ago, and regardless of whether they were vaccinated in your nursing home or at a location in the community.

Comments on this rule are due July 12. LeadingAge will be submitting comments on the rule and we encourage states and individual members to do so as well. We have developed [this resource](#) to assist in the process of submitting comments. If you have any questions on this resource or wish to discuss comments, please reach out to Jodi (jevigor@leadingage.org).

Provider Relief Fund News. HHS Secretary Becerra indicated that the department will be releasing new guidance soon (in June) that will address: what providers can do with unspent Provider Relief Funds, how providers can “apply for and make use, good use, of their monies,” and also hinted that there would be some changes to how the remaining \$24B in PRF monies is distributed. He would NOT say whether the deadline to spend Provider Relief Funds is June 30, 2021 will be adjusted in this guidance. Members should continue to spend their PRF monies by June 30, if possible.

LeadingAge Supports New “Audio-Only” Telehealth Legislation Targeting Rural, Underserved Areas. Senators Joe Manchin (D-WV), Joni Ernst (R-IA), Jeanne Shaheen (D-NH), and Jerry Moran (R-KS) introduced the bipartisan *Protecting Rural Telehealth Access Act* to make current telehealth flexibilities under the Medicare program permanent, after the COVID-19 pandemic. LeadingAge is one of the 20 stakeholder organizations that support this bill.

This legislation would primarily ensure rural and underserved community healthcare providers are able to continue offering telehealth services after the current public health emergency ends. These services include the ability to offer audio-only telehealth appointments because many rural Americans don’t have reliable, affordable broadband access. Additionally, it would permanently waive the geographic restriction allowing patients to be treated in their homes, and lift the restrictions on “store and forward” technologies, and allow new telehealth services for critical access hospitals and rural health and federally qualified health clinics. Background information on the *Protecting Rural Telehealth Access Act* can be [found here](#). Bill text can be [found here](#).

We Are Warriors video. On today’s update call, Terry Spitznagel from United Church Homes shared their latest video, “[We Are Warriors](#).” It tells the organization’s COVID story through the eyes of staff throughout the organization.

Comments on SNF PPS proposed rule. Kudos to Jodi and Nicole! LeadingAge posted comments to CMS on the proposed FY 2022 SNF PPS rule. Find a copy of our comments [here](#). Our main areas of comment were opposing the PDPM parity adjustment and COVID-19 staff vaccination QRP measure; delaying the HAI and transfer of health information QRP measures; and suggesting modifications to the VBP proposals. The comment period for this rule has closed.

LeadingAge Offers Recommendations on National Apprenticeship Act. Today LeadingAge sent a [letter](#) to the Senate Health, Education, Labor and Pension (HELP) Committee, requesting that aging services be highlighted as a focus in apprenticeship legislation they are developing. The Senate Committee is

drafting a bipartisan *National Apprenticeship Act of 2021*, which invest billions of dollars in federal registered apprenticeships. The bill will expand and update workforce training programs. LeadingAge offered recommendations to the HELP Committee that we hope they will act on to help train aging services workers through a structured combination of paid on-the-job training and related education.

Seeking nursing home administrators willing to tell their COVID stories. Carl Christensen

(Carl.Christensen@northwestu.edu), Research Fellow and Professor Emeritus at Northwest University in Kirkland, WA, is seeking 60 nursing home administrators willing to be interviewed regarding (1) sustainable quality improvements/innovations during the COVID-19 pandemic and (2) advice for providing high quality nursing home services during a pandemic. In a personal, 20-minute phone or Zoom call, Carl Christensen, PhD, RN, Northwest University Research Fellow, will ask open-ended questions. The identity of participants and their facilities will be held confidential. This research project is designed to spotlight underpublicized, pandemic-timeframe, “good stories” and identify themes in recommendations about optimizing residents’ quality of life. Participants must have served continuously as administrator of a LeadingAge-member nursing home between March 1, 2020 and February 28, 2021. The goal is to publish an article that documents illustrations of exemplary work, creative approaches, and vital insights that have emerged during this period of unprecedented health crisis.

Vaccine Education and Communication. LeadingAge continues to help members educate staff and older adults about COVID vaccinations. Through “Drive for 75” updates during Online Policy Updates and online [information and resources](#), we’re gathering ideas and options for members across aging services. Looking for funding for some of your vaccine communication? One way might be through FEMA’s [Public Assistance Program](#). The agency is [funding some activities](#) to increase public confidence in and uptake of COVID-19 vaccines.

Promoting LGBTQ Inclusivity in Aging Services. In this [9-minute QuickCast](#), Dan Stewart provides an overview of how the Long-Term Care Equality Index assessment tool can help residential long-term care communities adopt policies and practices that provide equitable and culturally responsive services and supports for LGBTQ older adults.