

Nursing Home Weekly: Recap of LeadingAge Updates

June 17, 2021

Trending issues on upcoming Update Calls – labor shortages and what they mean for aging services and the newly approved Alzheimer’s drug. All calls are at 3:30 PM ET. On Monday, June 21, we’ll talk with **Mark McInerney** of the state of Maine Center for Workforce Research and Information about labor and workforce data, tools for employers and more. What are the factors that are causing the labor shortages we are seeing across the country? Mark will discuss them. **On Wednesday, June 23,** we’ll talk about FDA’s recent approval of Aducanamab, the new Alzheimer’s drug with Tia Powell, geriatric psychiatrist and bioethicist, who Directs the Montefiore Einstein Center for Bioethics. What are the next steps that CMS has to take and what are the policy implications of those steps? Tia will help us take a look at these and other questions. If you haven’t signed up yet, you can join the calls by [registering here](#).

Observation Stay Legislation Introduced in the Senate! Senators Sherrod Brown (D-OH), Susan Collins (R-ME), Sheldon Whitehouse (D-RI) and Shelly Capito Moore (R-WV) reintroduced the *Improving Access To Medicare Coverage Act* (S. 2048), which counts all nights that a Medicare beneficiary is in the hospital toward the three-day stay requirement for Part A SNF coverage. The bill is identical to the bi-partisan bill introduced last month in the House, sponsored by Representatives Joe Courtney (D-CT), Glenn ‘GT’ Thompson (R-PA), Suzan DelBene (D-WA), Ron Estes (R-KS). Counting nights coded as under observation has resulted in unwelcome surprise bills to nursing home residents and difficult financial decisions for nursing homes. LeadingAge co-leads a 34-member coalition of medical, patient and provider organizations dedicated to eliminating this unfair practice. We are hopeful that the waiver of the 3-day stay rule under the public health emergency will provide evidence to support repealing this part of the rule, and that CMS will be more supportive than in the past. Watch for an action alert later this summer!

Nursing homes that haven’t yet reported vaccine and therapeutics information to NHSN. The NHSA reporting deadline has been extended from June 13, 11:59 PM to June 20, 11:59 PM. CMS staff continue to assure us that the one- week extension will apply to vaccination of staff and residents and therapeutics for residents. There’s no change in reporting that was already required prior to the Interim Final Rule. The one- week extension means that CMPs won’t be imposed for non-reporting, until the June 20 deadline. We have heard from many who believe they have submitted the data and don’t understand why they’re on the list. Based on the issues we have been able to trouble-shoot, we have updated our [NHSN Reporting Issues Cheat Sheet](#). If members need technical assistance reporting to NHSN or any other aspects of this requirement, please contact Jodi (JEyigor@leadingage.org) and she will help or connect the member to CMS or CDC.

COVID-19 Nursing Home Data: CMS released [updated data of nursing home facility vaccination rates](#) in an effort to monitor and support the uptake of COVID-19 vaccines amongst nursing home residents and staff. As part of CMS’ commitment to protecting nursing home residents, and to boost the surveillance of COVID-19, nursing homes are now required to conduct testing of residents and staff. Facilities with 75% or more completed vaccinations for staff are [listed](#).

Timing of Immigration Bills and an Update on the LeadingAge IMAGINE Initiative. For the first time in years there is new hope that immigration legislation can pass through Congress. President Biden has established immigration reform as a priority, and he has sent a comprehensive bill to Congress to consider. You can access an article that provides an overview of the immigration reform legislation that Congress will likely consider. Additionally, we share an update on the LeadingAge IMAGINE Initiative, [here](#).

Congressional Update. There are a lot of moving parts to infrastructure. There is a bipartisan proposal around “hard infrastructure” that has gotten to the threshold of 10 republicans supporting a very basic framework (aka no details or language yet) that includes substantial money for broadband in addition to roads, bridges, airports etc. Simultaneously, work continues in both Budget Committees on reconciliation instructions to the committees of jurisdiction, which will form the basis for a larger package. The reconciliation proposal is where we would see LeadingAge priorities like the \$400B for HCBS and potentially hundreds of billions for housing. Like with the American Rescue Plan, the committees will receive instructions with topline budget numbers and work to put the President’s Jobs and Families plan, along with their own priorities into legislative form. Congressional leadership and the President are pursuing both tracks and must balance both tracks. Even with 10 (or more) republican votes for the bipartisan bill, the Democrats need most or all of their caucus aligned to overcome the 60 vote filibuster threshold. The House also has a slim Democratic majority; there are Democratic members in both chambers that will not vote for the potential bipartisan deal without assurances that the reconciliation bill is going to include their priorities and will have the 50 votes needed to pass. Keep an eye out for Action Alerts to keep the pressure on!

COVID-19 Vaccine Incentives. States across the country are offering incentives to the public to increase the COVID-19 vaccination rate. The National Governor’s Association released a memo on June 15 highlighting specific state- and city-led incentives. Here’s the link to the [MEMO](#).

From HHS:

Evaluating and Caring for Patients with Post-COVID Conditions: CDC released [interim guidance with information on evaluating and caring for patients with post-COVID-19 symptoms and medical conditions](#). “Post-COVID Conditions” is an umbrella term for the wide range of physical and mental health consequences experienced by some patients that are present four or more weeks after SARS-CoV-2 infection, including by patients who had initial mild or asymptomatic acute infection. General [follow-up is recommended within 1-2 weeks of hospital discharge](#). Based on current information, many post-COVID conditions can be [managed by primary care providers](#), with the incorporation of patient-centered approaches to optimize the quality of life and function in affected patients, [taking into account patient history](#). Understanding of [post-COVID conditions](#) remains incomplete and guidance for healthcare professionals will likely change over time as the evidence evolves. CDC also released relevant information on [assessment and testing](#), [future directions and resources](#), and further [public health recommendations](#).

Mental Health Among Parents of Children Under 18 and Unpaid Caregivers of Adults During the COVID-19 Pandemic: CDC released an [MMWR on Mental Health Among Parents of Children Aged <18 Years and Unpaid Caregivers of Adults During the COVID-19 Pandemic](#) in the United States in December 2020 and from February - March 2021. Parents of children aged <18 years and unpaid

caregivers of adults have had mental health challenges before and during the COVID-19 pandemic. Among 10,444 U.S. adults surveyed during December 6–27, 2020, and February 16–March 8, 2021, parents, unpaid caregivers of adults, and parents-caregivers (persons in both roles) had significantly worse mental health than adults not in these roles, including five times the odds of any adverse mental health symptoms (parents-caregivers). Persons who had someone to rely on for support had lower odds of experiencing any adverse mental health symptoms. Parents and unpaid caregivers of adults, and particularly those in both roles, might benefit from mental health support and services tailored to their roles.

Provider Relief Fund Article from June 15 Stakeholder call and Updated FAQs: Nicole has posted a second [article](#) in a series of articles breaking down and analyzing the new June 11 PRF reporting requirements, as we get additional clarification from HRSA. A future article will look more closely at the issue of how lost revenues, specifically, how they will be calculated under the new guidance, what documentation will be required, and the importance of a new term, “period of availability” for reporting.

Provider Relief Fund Reporting Requirements for General Distributions and SNF Targeted Distributions - More Clear but One Key Clarification required: HRSA/HHS issued updated reporting [guidance](#) that governs past and future Provider Relief Fund (PRF) dollars received by providers including establishing staggered deadlines by which the funds must be used as well as reported upon. Previously, the Nursing Home Infection Control Distribution and corresponding incentive payments were excluded from the reporting requirements but the June 11 guidance includes them in the reporting. Nicole has drafted a first [article](#) covering the spending and reporting deadlines and a [table](#) that outlines the deadlines by PRF payment tranche. There will be subsequent articles this week that cover other implications of the new guidance related to what can be reported.

One quick item to call to your attention... Upon a first read of the guidance, it appeared the guidance now limited the SNF Targeted Distribution from May 2020 to only be used for infection control expenses. It turns out that in the reporting guidance HRSA has used a longer moniker for the NHIC funds, which is “Skilled Nursing Facility and Nursing Home Infection Control Distribution payments.” HRSA clarified today via email to LeadingAge that sections with the “SNF and Nursing Home Infection Control Distribution payments” only refers to the infection control monies not the May SNF Targeted Distribution. There is NOT a change in policy. Providers are required to report on the May SNF Targeted Distribution but under the general reporting requirements. In addition, these funds can still be used for health care related expenses and lost revenues due to coronavirus, and are not limited to infection control only expenses.

Addressing recruitment by focusing on retention. [Here](#) is an article covering our interview on today’s Update Call with Mark Collins and Kelli Underhill of Presbyterian Homes (North Carolina). They offered extensive tips and tools as they described the process of creating a full time Director of Workforce Development and Retention position and how they moved from focusing on recruitment to focusing on retention.

ACL/CMS Webinar: Addressing Vaccine Hesitancy among Direct Service Workers. On Thursday, July 1, 3:00 – 4:30 PM ET, ACL and CMS will host a webinar, “Addressing Vaccine Hesitancy Among Direct Service Workers.” In this webinar, experts in the field will discuss demographics of the DSW workforce, barriers to vaccination, strategies to increase vaccine confidence and uptake, and promising practices. **Panelists include: Cory Nourie**, Director of Community Services, Delaware Division of Developmental Disabilities Services; **Ramu Iyer**, National Alliance of Direct Support Professionals Advisory Council Member; **Robert Espinoza**, Vice

President of Policy, PHI; and **Trudy Rebert**, Federal Policy Counsel, National Domestic Workers Alliance. Webinar Registration is available [here](#). You can also contact [Meredith Raymond](#), with any questions.

Daily Activities and Going Out: CDC updated their [guidance on daily life](#) for fully vaccinated people. Fully vaccinated people can resume activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

MedPAC releases June 2021 Report. The Medicare Payment Advisory Commission (MedPAC) released its June 2021 report today. A description of the subject of the chapters can be found [here](#). Top line points for LeadingAge members include:

- The chapter on [rural health](#) mostly focused on the role of hospitals and physician services in rural areas but did have a short analysis of rural beneficiaries access to SNF and home health services. MedPAC found that there was not significant differences in access between rural and urban beneficiaries with regards to home health and SNF care. However, they did find major regional differences in access to care; just not necessarily along a strict urban/rural line.
- MEDPAC examined [Private Equity \(PE\) business models](#) in three key sectors: hospitals, nursing homes, and physician practices. PE firms have made investments in each sector but have a limited presence: MEDPAC found that PE firms own about 4 percent of hospitals and 11 percent of nursing homes. The studies on PE ownership of nursing homes have examined a variety of quality and financial outcomes, and findings are generally mixed. One recent study found that PE ownership had no effect on total revenue or costs but found evidence of a shift in operating costs away from staffing toward monitoring fees, interest, and lease payments (Gupta et al. 2020). Another recent study found that, in highly competitive markets, PE-owned nursing homes increased staffing, while in less competitive markets they reduced staffing (Gandhi et al. 2020b).
- Within the report MedPAC outlines the flaws of the current SNF VBP program and recommends its replacement with a more comprehensive and fair value incentive program(VIP). We will be hosting a call with the Nursing Home and Quality & Risk Management advisory groups on June 29.

KFF Vaccine Monitor Update – who are the unvaccinated? The Kaiser Family Foundation has updated its COVID-19 Vaccine Monitor and gives a current [profile of the unvaccinated](#). The update includes demographical information delineated by age, race, income, insurance status, political party, education, and community type – whether urban, rural, and suburban. As a whole, the unvaccinated group are younger, more likely to identify as Republican-leaning, and more likely to have lower levels of education and lower incomes than the vaccinated population. While the share of the U.S. adult population who self-identified as “wait and see” has decreased over the past several months as tens of millions of U.S. adults have received a vaccine and few people have experienced serious side effects from the vaccine, the share of the public who are in the “definitely not” group has not shifted dramatically over the [past six months](#).

People’s intentions to get a COVID-19 vaccine are also largely connected with their previous experience with vaccines and their overall views of the pandemic. The vast majority of unvaccinated adults who say

they will “definitely not” get the COVID-19 vaccine say they don’t regularly get their flu vaccine (91%), compared to about seven in ten (71%) of those in the “wait and see” group. As for possible incentives, for the wait and see group, between 40-46% said they were more likely to get vaccinated if: one of the vaccines currently authorized for emergency use received full approval from the FDA; the COVID-19 vaccine was offered to them at a place they normally go for health care; airlines required passengers to be vaccinated before they could fly, or being vaccinated was required to attend large gatherings such as sporting events and concerts.

Vaccine Mandate Litigation: *Bridges v. Houston Methodist Hospital* – a sign but not a broadly applicable decision yet. A federal court judge in Texas dismissed a complaint in a case alleging that Houston Methodist Hospital’s vaccine mandate violated Texas employment law. Jennifer Bridges and 115 other suspended employees alleged that the hospital’s vaccine mandate was unlawful. The [order](#) dismissing the case highlighted that Texas employment law only protects employees from being terminated for refusing to commit an act carrying criminal penalties to the worker. Bridges did not show that her cause of action met that standard and the court noted that the vaccine mandate is not against public policy. The potential impact of this case is difficult to assess because it applies only to Texas law, but there are other states with similar at-will employment schemes in place. The plaintiffs plan to file an appeal so we will continue to monitor this case and others as they unfold.

NEW QuickCast: Supporting Trans Older Adults. We are proud to announce this new, free learning opportunity led by Loree Cook-Daniels. In this [19-minute QuickCast](#) you will review person-focused approaches to serving transgender older adults in LTSS settings. The work doesn’t end when Pride month does. [Register today](#) to take this in-depth approach into the importance of understanding gender identity, privacy, trauma, and bias so we can best serve every older adult in our communities.

Make Your Voice Heard: We Need Better Infrastructure For Aging. As negotiations on the proposed infrastructure bill and funding for key programs continues, 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](#)

Apply Today: Larry Minnix Leadership Academy. Applications are now being accepted for the [2022 Leadership Academy Program](#). The Leadership Academy is designed to develop the leadership capacities and core competencies of aging services professionals by tapping into their natural talents and authentic leadership styles, irrespective of their professional experience, job title or type of position within an organization. Submission deadline is July 26, 2021. [Apply Today!](#)

Your Stories Matter: Share Them! Stories have the power to inspire, educate, and drive change. That’s why LeadingAge invites all our members to share stories that demonstrate the humanity and impact of your work. Today we’re launching an online portal to make it easier than ever to contribute your stories. The new [LeadingAge Story Collector](#), powered by Gold Partner Greystone, is a simple place for us to gather member stories. Visit the Story Collector at [leadingage.org/storiesmatter](#). The tool walks you through telling your story step-by-step through an audio recording or in writing.

QuickCast: Understanding Equity

In this [9-minute QuickCast](#), Ayana King outlines how to strive for a workplace that is impartial and free from bias. [Check out more diversity, equity, and inclusion products](#) on the Learning Hub.