



## Nursing Home Weekly: Recap of LeadingAge Updates

June 17, 2022

**“Up to Date” Definitions:** Confusion remains around the definition and uses of “up to date”. Currently, nursing homes are following 2 separate definitions for nursing home operations and NHSN reporting. Read more on these definitions, why they differ, and when to apply each in this [LeadingAge article](#). The CDC Vaccination Team will be hosting a webinar next week to inform facilities about the Up to Date surveillance definition change for COVID-19 Vaccination Modules. We will review the new Up to Date definition, example scenarios, and frequently asked questions. Registration information is here: [https://cdc.zoomgov.com/webinar/register/WN\\_37CqiJsiSGCONIreh616Rw](https://cdc.zoomgov.com/webinar/register/WN_37CqiJsiSGCONIreh616Rw)

**Get the funding information you need! Navigating the Employee Retention Credit.** On June 22 at 2:00 PM ET, the LeadingAge Learning Hub will offer a webinar focused on the nuances of the Employee Retention Credit for aging services providers, including processes and eligibility requirements. The IRS Employee Retention Credit (ERC) is a COVID-era alternate source funding opportunity that thus far has received scant attention but could have big implications for aging services providers. LeadingAge members who are eligible may be in a position to receive substantial funds. Navigating the IRS claims and funds retention processes are not without risk of audit. Learn everything you need to maximize funds and protect your organization in the case of an audit. More information and registration details are [here](#).

**Live Webinar - Telehealth in Practice: Driving Efficiencies and Improving Outcomes.** Telehealth use has seen a significant increase among care providers, including LeadingAge members and other long-term and post-acute care (LTPAC) providers. Join us for a webinar on Thursday, July 21 from 2:00-3:30 p.m. ET, that will feature two provider use cases, one in a skilled nursing community and one in home care. [Learn more and register here](#).

**HIPAA guidance on audio only telehealth services:** HHS issued guidance this week to help providers utilizing audio-only telehealth services to navigate HIPAA compliance. An article on the topic can be found [here](#).

**Surveys for Compliance with Omnibus COVID-19 Health Care Staff Vaccination Requirements.** The Centers for Medicare & Medicaid Services (CMS) posted memo [QSO-22-17-ALL](#) containing new instructions for surveys for compliance with Omnibus COVID-19 Health Care Staff Vaccination Requirements. CMS previously issued guidance and survey procedures to survey entities for assessing and maintaining compliance with the regulatory requirements for vaccination requiring review as part of initial certification, standard recertification or reaccreditation, and complain surveys. The new guidance changes expectations for performing compliances reviews of the staff vaccination requirements to during initial, recertificaion, and responded to specific complaint allegations alleging non-compliances with staff vaccination requirements. CMS also notes that survey agencies should reach out to CMS locations if they are considering citing vaccine requirements at immediate jeopardy, condition, or actual

harm levels. These changes come after survey results from over 12,000 providers and suppliers showed a 95% substantial compliance rate.

**ONC Conducting Phone-Based Survey on SNF and Hospice Health IT.** The Office of the National Coordinator, (ONC) for Health Information Technology (HIT) within the Department of Health and Human Services (HHS) is conducting a national phone-based survey to better understand the state of health IT use and interoperability among skilled nursing facilities(SNFs) and hospice facilities. ONC's telephone survey is being conducted by IQVIA, a research firm on behalf of the Department of Health and Human Services. If you are contacted as part of the survey and asked to participate, please take the time to do so as your responses will help inform future policies to help LTPAC providers more interoperable. These settings have historically been left out of opportunities for funding of health IT and interoperability despite the potential to improve transitions of care between acute-care and post-acute care facilities. The Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) of 2014, requires assessment data to be standardized and interoperable allowing for the electronic exchange of data among post-acute care providers and other providers.

**More Phase 4 Payments Being Distributed:** HRSA announced that it is sending out the latest batch of Phase 4 Provider Relief Fund (PRF) payments (\$427M) to 1,400 providers. This latest distribution brings the total of Phase 4 payments made to date to \$14.3B of the available \$17B. Providers will receive an email notification if they are one of the providers scheduled to receive a payment. LeadingAge would recommend, however, all providers still awaiting a Phase 4 payment check their bank accounts over the next few days to see if a new payment has arrived from HHS/HRSA. In our experience, providers do not always receive the email notifications from HRSA in a timely manner. Given the announcement timing, we would expect the payments to arrive today or tomorrow as Monday is a national holiday. This will not be the final batch of payments and HRSA said that it is, "working to process all remaining applications as quickly as possible." HRSA's pattern has been to send out a batch of payments around the 20<sup>th</sup> of each month and if that continues, we should expect the next round of payments around the 20<sup>th</sup> of July. Due to the continuing nature of these Phase 4 payments, we expect an additional reporting period to be added. Finally, a reminder that a number of providers have already been approved for Phase 4 payments and HRSA is unable to distribute them because the provider has not yet established an OptumPay account, which allows HRSA to transmit payments in excess of \$100, 000 via ACH. More information on this process is available in this [LeadingAge article](#)

**LeadingAge Awarded Grant to Advance Nursing Home Improvements and Reform.** The John A. Hartford Foundation awarded a \$1 million grant to LeadingAge to implement strategies to improve nursing home care in America. The grant aims to put recommendations into action from the recently released NASEM report [The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff](#). [Read the press release](#) to learn more about this grant, and read recent press coverage from [Skilled Nursing News](#) and [InsideHealthPolicy](#). Check out these recently released issue briefs summarizing the report's recommendations on financing, quality assurance, and workforce:

- [Creating a More Rational and Robust Financing System](#)
- [Designing a More Effective and Responsive System of Quality Assurance](#)
- [Ensuring a Well-Prepared, Empowered, and Appropriately Compensated Workforce](#)

**MACPAC's June 2022 Report to Congress on Medicaid and CHIP released.** [The report](#) contains six chapters of interest to Congress; the main areas in the report are: (1) monitoring access to care, (2) improving the oversight and transparency of directed payments, (3) improving access to vaccines for

adults enrolled in Medicaid, (4) encouraging the use of health information technology (IT) among behavioral health providers, (5) requiring states to integrate care for people who are dually eligible for Medicaid and Medicare, and (6) advancing health equity in Medicaid. LeadingAge will be providing analysis on this report and how it relates to our members.

**MedPAC Releases June 2022 Report to Congress: Medicare and the Health Care Delivery System:** The [report](#) examines 3 areas of interest to LeadingAge members: 1) Recommendations for streamlining the current Alternative Payment Models run by CMS and CMMI by reducing the number of models but providing opportunities for providers of a variety of sizes to participate in the APMs and accept a proportionate level of risk; 2) Report to Congress on rural beneficiaries access to care including those who live in medically underserved areas, are dually eligible, or have multiple chronic conditions.; and 3) an examination of how to better serve low-income Medicare beneficiaries by supporting safety-net providers. LeadingAge will review the latest report and share a more detailed analysis in the coming week.

**LeadingAge Meeting with DOL to Address Prevailing Wage Determinations for Foreign Nurses and National Apprenticeships.** On June 13, 2022, LeadingAge staff and representatives from AHCA/NCAL met with leaders from the Department of Labor’s Employment and Training (ETA) and the Office of Congressional and Intergovernmental Affairs (OCIA). We asked DOL to change the time it takes to handle “Schedule A” petitions, which would alleviate pressures in the process of allowing registered nurses to permanently enter the country. LeadingAge members, Paul Spence, United Methodist Healthcare Recruitment and Tina Sandri, Forrest Hills of DC, also participated in the meeting. [Here](#) is an article with more details about this meeting.

**CCHP Telehealth Policy Finder Database-**This [site](#) tracks and compiles Medicaid and private payer telehealth-related laws and regulations across all 50 states and the District of Columbia. It is updated consistently throughout the year and is a resource for members who are advocating for continued telehealth flexibilities after the end of the PHE.

**CNA Training Lockout Bill Introduced in U.S. Senate.** U.S. Senators Mark R. Warner (D-VA) and Tim Scott (R-SC) introduced the *Ensuring Seniors’ Access to Quality Care Act*, which would address the “CNA lockout” that’s contributing to the long-term care staffing crisis across the country. As many providers know, under current federal law, nursing homes that are surveyed and assessed a civil monetary penalty above a certain level automatically lose their authority to train CNAs for a full two years. Today’s bill would allow nursing homes to reinstate their training programs provided any relevant deficiencies cited in the survey are corrected; the deficiencies did not result in immediate risk to resident safety or arise as a result of resident harm from abuse or neglect; and the nursing home has not received a repeat deficiency related to resident harm in the past two years. It would also provide nursing home operators with access to the National Practitioner Data Bank (NPDB) – a national criminal background check system – to give employers a greater ability to screen potential candidates. The bill number has yet to be assigned, but we will provide that information as soon as it becomes available. See LeadingAge’s press release [here](#), Senator Warner’s release [here](#) and the bill text [here](#).

**Rep. Schakowsky Leads Efforts to Strengthen Funding to Support Health Care Professionals Who Care for Older Adults.** House appropriators are scheduled to vote on the Labor-HHS fiscal year 2023 appropriations bill this month. Representative Jan Schakowsky (D-IL), Senior Chief Deputy Whip and Chair of the House Democratic Caucus on Aging and Families, has spearhead a House sign-on letter championing increased funding for programs that support health care professionals who care for older

adults. To that end, advocates should watch for a LeadingAge action alert the week of June 20 on funding for workforce programs in the Labor-HHS bill. You can view an article [here](#), which provides access to the letter, co-signed by 29 Members of Congress, and the initiatives that should be prioritized through the FY 2023 appropriations process.

**LeadingAge sends letter of support on Expanding Veterans' Options for Long Term Care:** LeadingAge along with ASHA, Argentum, and NCAL sent a letter to Senators Tester (D-MT), Moran (R-KS) and Murray (D-WA) in support of S. 4169, a bill this trio of Senators introduced last month. Senators Tester and Moran are the Chair and Ranking Member of the Senate Committee on Veterans' Affairs. This bill creates a pilot program to assess the effectiveness of providing eligible veterans with the option to move into an assisted living community for their supportive care services. The letter can be found [here](#).

**IRS Increases Standard Mileage Rate in Final Months of 2022.** To support taxpayers with the cost of gas, the Internal Revenue Service (IRS) has increased the standard mileage reimbursement rate halfway through the year for the first time since 2011. Read this [article](#) for what members need to know about the changes.

**COVID Treatment Public Information.** The Medicare Team at CMS shared public information urging consumers to act quickly to test for COVID-19 when they have symptoms and quickly seek therapeutics if they do test positive. Given the confusion about Paxlovid among consumers and the public, this information may be helpful for LeadingAge members to share with residents, tenants, consumers, patients and staff. The CMS announcement includes a link to this [CDC resource](#). It was updated at the end of April, however many individuals do not know about it.

**FROM CDC:**

**COVID-19–Associated Mortality Risk Among Long-Term Care Facility Residents and Community-Dwelling Adults Aged ≥65 Years:** CDC published an *MMWR* on [COVID-19–Associated Mortality Risk Among Long-Term Care Facility Residents and Community-Dwelling Adults Aged ≥65 Years in Illinois from December 2020 to January 2022](#). Although the COVID-19 mortality rate has been lower among community-dwelling adults aged ≥65 years than among LTCF residents aged ≥65 years throughout the pandemic, the rate among the LTCF group declined 69% during the study period, from 1,932 per 100,000 at baseline (December 2020) to 594 during the comparison month (January 2022) ( $p < 0.01$ ), whereas among community-dwelling adults, this rate increased by nearly 8%, from 120 per 100,000 to 129. The ratio of the COVID-19 mortality rate among LTCF residents to that among community-dwelling adults decreased by 71%, from 16.1 to 4.6, during this period. In January 2022, 91% of LTCF residents and 85% of community-dwelling adults were fully vaccinated, and 75% and 61%, respectively, had received a booster dose; no one in either group was fully vaccinated in December 2020.

[On a related note – not from CDC, **AARP's Policy Institute** released [this report](#) today from its Nursing Home COVID-19 Dashboard. The Dashboard uses CDC and CMS data. The report indicates that during the four weeks ending on May 22, 2022, rates of COVID-19 cases and deaths rose, ending several months of decline from the peak of the initial Omicron wave in January 2022.]

**COVID-19 Cases and Hospitalizations Among Medicare Beneficiaries With and Without Disabilities in United States:** CDC published an *MMWR* on [COVID-19 Cases and Hospitalizations Among Medicare Beneficiaries With and Without Disabilities](#) in the United States from January in 2020 to November in 2021. Persons with disabilities are at high risk for severe outcomes from COVID-19, including death. COVID-19–associated hospitalization rates among disability-eligible Medicare

beneficiaries (3,148 per 100,000) were approximately 50% higher than rates among age-eligible (i.e., ≥65 years) beneficiaries (2,129 per 100,000), and hospitalization rates increased by age in both groups. Among persons with disabilities, American Indian or Alaska Native persons experienced the highest rate of COVID-19–associated hospitalization (4,962 per 100,000). Efforts to increase access to and implementation of COVID-19 prevention and treatment strategies, including vaccination, are critical to reducing severe COVID-19–associated outcomes among persons with disabilities.

**Apply Now: 2023 Leadership Academy.** The last several years have changed aging services organizations in ways that are still being revealed. What is clear? The need for diverse, empowered leaders within our field has never been greater. LeadingAge’s Leadership Academy helps develop the leadership capacities and core competencies of aging services professionals by tapping into their natural talents and authentic leadership styles. Apply yourself or recommend the opportunity to a colleague. **Application Deadline: August 1.** [Learn more here.](#)