



## Nursing Home Weekly: Recap of LeadingAge Updates

June 3, 2022

**LeadingAge Coronavirus Update Call on Monday.** With deaths among people over age 65 as a percentage of total deaths on the rise again this year and with cases increasing and surges anticipated, it is important to consider the different symptoms and health outcomes for older adults. It is becoming increasingly evident that people over age 65 are at risk from COVID-19. **On Monday June 6 at 3:30 PM Eastern**, hear from Dr. Elizabeth Goldberg, a geriatrician and clinical researcher at Brown University. She'll discuss a study on which she was lead author, published in the Journal of the American Geriatrics Society on the different symptoms and impact of COVID on older people compared to younger people. She'll offer LeadingAge providers specific guidance on what to watch for with new variants and how prevention and treatment should be framed to best serve older adults. If you haven't registered for LeadingAge Update Calls, [you can do so here](#). You can also find previous call recordings [here](#). Note that to access recordings of the calls you need a LeadingAge password. Any staff member of any LeadingAge member organization can set up a password to access previous calls and other "members only" content.

**Unclaimed Phase 4 Provider Relief:** HRSA notified us today that a number of providers have a PRF Phase 4 payment available but have not set up an Optum Pay account, which allows HRSA to distribute them funds to the provider. HRSA indicates that UnitedHealth Group (via the email address:

[UHG\\_HRSA@ProviderEmail.uhc.com](mailto:UHG_HRSA@ProviderEmail.uhc.com)) has contacted providers, for which this situation applies, multiple times. Providers who believe they are eligible to receive or have received notice that a Phase 4 payment is pending can set up an Optum Pay Account by going to:

<https://myservices.optumhealthpaymentservices.com/beginEnrollment.do>.

It can take up to 2 weeks to complete this enrollment process and then an additional two weeks for the funds to be available within the providers' accounts. Members can reach out to Nicole at [nfallon@leadingage.org](mailto:nfallon@leadingage.org) if they have questions.

**COVID-19 Funding Action Alert.** Congress Must Pass New COVID-19 Funding Now! With COVID-19 cases, test positivity rates, and hospitalizations again on the rise, the country is not past the pandemic. Now is the time to ask Congress to fully fund additional support for the nation's ongoing efforts to fight COVID-19—especially for older adults who have been disproportionately affected by the pandemic.

Experts are predicting new surges in the late Summer and Fall but additional funding is needed to make sure the country has enough vaccines, boosters, tests, and treatments to meet projected needs. We know the tools we need to confront COVID-19; Congress must act now so communities across the nation are prepared to deal with the coming surges.

We must ensure that test kits and testing locations remain available and accessible to everyone who needs them and that vaccines (including boosters) are readily available and robustly promoted.

Treatments and therapeutics must also be easy to find and access, while research to find new tests, vaccines, and treatments continue.

Please take two minutes to write to your members of Congress now and advocate for more COVID-19 relief. Link: <https://www.votervoice.net/LeadingAge/campaigns/94910/respond> Thank you!

**Congressional Update.** Although the House and Senate are in recess this week, there's no shortage of work left to be done before Congress adjourns ahead of the midterm elections. What began as the Build Back Better plan is now being reshaped into a much narrower, inflation-fighting measure that would amount to a fraction of the spending in the original bill. According to recent reporting, the new framework being discussed by the Administration and Congressional leaders would raise about \$1 trillion in revenue and spend roughly \$500 billion over the next decade, with the remainder of the new revenue being applied to reduce the deficit. Senator Joe Manchin of West Virginia, who brought a halt to the measure back in December, has been discussing a revised bill with Majority Leader Chuck Schumer from New York. This new framework would focus on clean energy tax credits, higher taxes on the wealthy, as well as provisions to lower prescription drug costs that could potentially include authorizing Medicare to negotiate drug prices, capping insulin costs at \$35 per month, and allowing the importation of drugs from Canada.

The latest news out of Congress on COVID funding is that the \$10 billion agreement will need to be renegotiated because some of the money designated to pay for it has already been spent. Dr. Cameron Webb, a member of the White House's COVID-19 Task Force, made it clear this week just how important additional COVID funding will be, particularly if we want to be at the front of the line to procure the latest vaccines in the pipeline, not to mention more testing, PPE, and therapeutics like Paxlovid. As House and Senate leaders try to forge a path forward on a revised agreement, we will keep you up to date on the latest developments.

**Senators Release Draft Mental Health Care Telehealth Proposal.** Four Senators on the Senate Finance Committee released a bipartisan discussion draft, as part of the committee's ongoing work to advance legislation that strengthens mental health care across the nation. The discussion draft, "[Telemental Health Access to Care Act](#)," sponsored by Chairman Ron Wyden (D-OR), Ranking Member Mike Crapo (R-ID), Senator Ben Cardin (D-MD) and Senator John Thune (R-SD), includes a public call for comments. The policies would:

- Remove Medicare's in-person visit requirement for telemental health services.
- Establish benefit transparency for mental health care services delivered through telehealth to inform Americans with Medicare how and when they can access telehealth.
- Preserve access to audio-only mental health coverage in Medicare, when necessary and appropriate. Also, require the National Academy of Medicine to conduct an evaluation and submit a report on mental health services furnished via audio-only telecommunications systems, within 5 years after enactment.
- Direct Medicare and Medicaid to promote and support provider use of telehealth.
- Incentivize states to use their Children's Health Insurance Program (CHIP) programs to establish and improve in-person and virtual mental health care services in schools.

Ranking Member Crapo emphasized in the Finance Committee's [press release](#), "The Finance Committee took crucial first steps toward modernizing telehealth coverage for mental health services in late 2020, and I look forward to building on those efforts through this bipartisan process." The committee's five areas of focus for addressing shortfalls in mental health care include: workforce, care integration, mental health parity, telehealth and youth.

**HUD Survey of 2,024 Communities with Section 232 Loans.** HUD’s Office of the Inspector General has posted a survey it conducted of all 2,042 nursing homes in the Section 232 program to assess COVID impact on financial health. Section 232 is an FHA mortgage insurance program that insures HUD-approved lenders against financial loss from mortgage defaults through HUD’s Office of Residential Care Facilities (ORCF). Section 232 mortgage insurance is available on mortgages that finance residential healthcare communities, such as nursing homes, assisted living, and board and care communities. The HUD OIG’s memo describing the survey also describes Congressional efforts to protect these types of communities from financial distress. These efforts included the Paycheck Protection Program, the Provider Relief Fund, and statutory authority for ORCF to insure operating loss loans under Section 223(d) of the National Housing Act to mitigate healthcare communities’ COVID-19-related temporary revenue reductions as well as flexibility for the use of the reserve for replacement account. “Responsive owners stated that nursing homes experienced significant challenges to their operations during the COVID-19 pandemic. These challenges included staffing shortages; COVID-19 infections in residents and staff; large fluctuations in bed vacancies; rising operating costs; and difficulties in responding to local, State, and Federal Government requirements. Nursing home owners utilized multiple State and Federal relief programs as well as other funding sources. However, few nursing home owners used their reserve for replacement funds or HUD’s operating loss loan program to assist with operational expenses,” the OIG says. See the full OIG memorandum [here](#).

**Department of Labor Reports job openings at record highs.** Today the U.S. Department of Labor, Bureau of Labor Statistics released the [April Job Openings and Labor Turnover Report](#). Key findings for the month of April were:

- Job openings decreased slightly to 11.4 million. The largest decrease in job openings was in health care.
- 4.4 million people quit their jobs.
- New hires and separations held steady at around 6.6 million and 6 million respectively.

**VA Seeks Nominees for Advisory Committee on Rural Health.** The Department of Veteran’s Affairs published a solicitation for nominations of qualified candidates for its [Veterans Rural health Advisory Committee](#). Nominations for three year terms are due no later than July 1. The VA specifically seeks individuals with diverse professional and personal qualifications to ensure a balanced membership on the Committee. (Editorial note: long-term care services face particular challenges in rural areas. There’s no doubt the Committee would benefit from an aging services perspective.)

**UsAgainstAlzheimer’s Launches Free Brain Health Academy.** The nonprofit UsAgainstAlzheimer’s has launched a new series of free online courses to equip healthcare providers and wellness professionals with the knowledge and resources to help people reduce their risk of Alzheimer’s and related dementias. The Academy includes six courses covering the science and interventions to address modifiable risk factors for dementia, including nutrition, sleep, social isolation and loneliness, physical inactivity and hypertension. Courses were designed in partnership with the Centers for Disease Control and Prevention along with the American College of Lifestyle Medicine, and the American Heart Association. The hour-long courses will be offered on the second Wednesday of each month starting June 15, 2022, from 1:00-2:00 PM ET through November 16, 2022. [To learn more and register for courses click here.](#)

**Leading Medicaid out of Emergency and Into Its Future:** In this *Medicaid Leadership Exchange podcast*, former Medicaid directors explore what they would prioritize now and into the future when the Medicaid public health emergency unwinds — and where blind spots may lie.

**NHSN updates:** The LTCF COVID-19 module and the vaccination reporting module were updated yesterday to reflect streamlined data elements across both modules. CDC is currently having trouble uploading the new reporting forms and tables of instructions to the NHSN page, but have shared the attached zip files for provider use. They continue to work to post these online.

**Update on Exercise Exemption for Emergency Preparedness Requirements for Nursing Homes.** As noted last week, CMS updated previously-issued guidance to reconfirm that the actual natural or man-made emergency exemption continues to apply to COVID-19. More information on how this applies to nursing homes is available [here](#).

**Introduction of the Connecting Rural Telehealth to the Future Act.** Reps. Adrian Smith (R-NE), Tom O’Halleran (D-AZ), and Kelly Armstrong (R-ND) have introduced bipartisan legislation to enable rural health providers to continue operating and treating patients by extending telehealth flexibilities implemented during the COVID-19 Public Health Emergency (PHE). The legislation, the Connecting Rural Telehealth to the Future Act ([H.R. 7876](#)), would extend certain telehealth flexibilities for two years, giving patients and providers certainty while Congress works to make them permanent.

The Connecting Rural Telehealth to the Future Act would:

- Extend all temporary telehealth provisions included in the FY22 omnibus through December 31, 2024;
- Permanently allow the use of audio-only technologies when providers are evaluating or managing patient health or providing behavioral health services;
- Restore Rural Health Clinic and Federally Qualified Health Clinic reimbursements for telehealth services to their normal reimbursement methods; and
- Extend allowance for Critical Access Hospitals (CAHs) to directly bill for telehealth services.

The Alliance for Connected Care, of which LeadingAge is a member, strongly supports this legislation that would allow rural health providers to continue to provide telehealth services after the PHE ends and extends some of the most important flexibilities permitted during the PHE

**White House Releases Mental Health Fact Sheet:** The White House released a [fact sheet](#) on all of the Administration’s efforts to date on their strategy to address the National Mental Health Crisis.