



## Nursing Home Weekly: Recap of LeadingAge Updates

June 4, 2021

**Upcoming 3:30 Update Calls. Using everything we learned during COVID and helping staff and residents/consumers live their best lives.** Join our Coronavirus Update Calls next week on Monday, Wednesday, and Thursday! All calls are at 3:30 PM ET. On **Monday, June 7, we'll talk with Terry Spitznagel**, Chief Growth Officer for United Church Homes, about their experiences with providing housing plus services....and opportunities to expand from lessons learned from the pandemic. On **Wednesday, June 9, Tyler Vanderweele**, founder and leader of the Human Flourishing Program at the Harvard Chan School of Public Health will be with us to talk about lessons from his Center's research on using activity to make lives better. How do these lessons apply to post pandemic consumers and staff, not to mention leaders of aging services organizations. Tyler has worked on end of life issues and will discuss that research too. If you haven't signed up yet, you can join the call by [registering here](#).

**Updates to CDC guidance:** CDC updated 2 pieces of guidance Wednesday – [Discontinuation of Transmission-Based Precautions](#) and [Return to Work Criteria for Healthcare Personnel](#). The major recommendations continues to be utilizing a symptom-based strategy (or time-based for asymptomatic cases) for determining when to discontinue transmission-based precautions or allow healthcare personnel to return to work. However, if you choose to use a test-based strategy (for example, you are concerned that someone might still be infectious beyond 20 days), here's what you need:

- It has been more than 24 hours since the last fever, without the use of fever-reducing medication.
- Symptoms have improved.
- 2 consecutive negative nucleic acid amplification tests (NAATs) spaced at least 24 hours apart

The guidance also provides more information on who might be severely immunocompromised, adding to this category individuals who have received hematopoietic stem cell or solid organ transplants, individuals on immunosuppressive drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions, and those who are on prednisone at >20 mg/day for more than 14 days.

**Interim Final Rule on COVID-19 Vaccine Education, Offering, Reporting:** Thank you to those who attended the special Nursing Home Advisory Group call Thursday to discuss the new interim final rule. We had more than 140 participants on the call and were able to answer questions and gather feedback on the rule to guide our comments. Recall that comments are due July 12, 2021 to the federal register. LeadingAge will be submitting comments and we encourage individual providers to do so as well. We are in the process of developing a resource to assist members in formulating and submitting comments.

**NHSN/SAMS enrollment assistance:** We are hearing that providers continue to have difficulty enrolling or adding new users to SAMS Level 3. The NHSN helpdesk email has a long turn-around at times and is not able to directly assist with SAMS issues. Try the SAMS support line: 877-681-2901 and [samshelp@cdc.gov](mailto:samshelp@cdc.gov).

## From HHS:

**Vaccination Certificates:** A vaccination certificate is [created in VAMS after a healthcare professional logs a COVID-19 vaccine dose for a recipient in VAMS](#). The certificate will include information about the date(s) of vaccine administration and second-dose due date (if applicable), vaccine manufacturer, lot number, and clinic name. After the recipient receives the required number of vaccine dose(s) to complete the vaccination schedule, the certificate can serve as a recipient's vaccination record documented in VAMS. Recipients can access their vaccination certificate in the Recipient Portal at any time. CDC added the following information pages in regard to VAMS: [Multi-Factor Authentication \(MFA\) in VAMS](#), [VAMS Inventory Management](#), [VAMS Clinic Schedule Setup](#), [Flexible Registration](#), [Email Notifications from VAMS](#), [Standard Workflow to Document Vaccinations](#), [Clinic Types in VAMS](#), [VAMS Clinic Schedule Setup](#), [Clinic Data Reports Clinic Administrator](#), [Clinic Appointment Reservation Tiers](#), [Third-Party Clinic Operations in VAMS](#), [User Access Troubleshooting Tips](#), and [Access Jurisdiction Data Reporting Dashboards](#).

**COVID-19 Data Tracker Updates:** CDC added new information to their COVID-19 data tracker. CDC [updated the healthcare personnel tab](#) to now show trends in cases and deaths among healthcare personnel by week. CDC also [updated the daily and total trends tab with a new time slider](#), which allows for the narrowing of date ranges in the display to focus and zoom the trends lines and bars in on smaller periods of time.

**State by State COVID-19 Vaccine Incentives:** The National Governors [Association updated their information on COVID-19 vaccine incentives](#) used by each state. This memo includes information on state- and city-led incentives.

**Guidance for Fully Vaccinated People:** CDC [updated their guidance for fully vaccinated people](#). The updated guidance includes an updated "Choosing Safer Activities" infographic with new considerations for the example activity for outdoor gatherings with fully vaccinated and unvaccinated people.

**Types of Masks:** CDC [updated their guidance for unvaccinated people on the types of masks](#). There are many types of masks you can use to protect yourself and others from getting and spreading COVID-19. When choosing a mask, choose one that fits snugly. The CDC outlines the uses of cloth masks, disposable masks, and masks that meet a standard. CDC recommends that N95 respirators should be prioritized for protection against COVID-19 in healthcare settings. Essential workers and workers who routinely wore respirators before the pandemic should continue wearing N95 respirators. As N95s become available they can be worn in non-healthcare settings.

**State by State Face Mask Mandates.** The latest guidance from the Centers for Disease Control and Prevention (CDC) allows people who are fully vaccinated against COVID-19 to forgo masks in most public settings, indoors and out. Several States have modified their masks mandates to align with the federal guidelines while others have relaxed rules in most settings. *Fifteen* state governments require people to wear face coverings in most indoor public settings to curb the spread of COVID-19. The District of Columbia and Puerto Rico also have mask orders in place. To date, *24* states that had mask orders covering the general public have mostly lifted them. *Eleven* states did not impose mask mandates at any point during the pandemic. [Here is where each state stands](#) on the use of face masks, as of June 2, 2021.

**Meeting with HRSA on Provider Relief.** LeadingAge met with HRSA leadership today to discuss our members' needs for continued PRF funding and to find out more on the status of future funds, timing of reporting requirements and customer service. The overarching response was that HRSA is taking a very measured approach in the hopes of providing clear information and processes. HRSA is trying to balance all interests as they roll out the remaining application process and reporting, such as, providers need for funding, oversight and stewardship of the available funds, Congressional direction. Translation: they are not yet ready to open a new application portal yet or the reporting portal and deadlines. They did note that Congress has provided direction on the use of PRF dollars and HRSA is trying to determine how to meet Congress' intent, while being equitable and transparent. We knew that Congress had instructed HHS to distribute 85% of the remaining funds to providers based upon needs from the last half of 2020 and first quarter of 2021 but did not recall the language specifying the CARES Act dollars (which was the original \$100B appropriation). This is causing some complications as HRSA tries to determine how much of the remaining funds are CARES Act dollars vs. funds appropriated under subsequent legislation. HRSA acknowledges that there is not much left but wants to make sure that the remaining funds get where they are most needed.

As these details are worked out, they will be releasing more information soon on the next application round, reporting requirements and timelines. HRSA also has been working to bolster its customer service support and said they are committed to helping providers through the reporting process once it is open. HRSA appeared very willing to work through issues with us to ensure that our members receive funds they need.

We also raised two issues members have been having -- getting TINs validated and getting OptumPay accounts set up to receive funds. If members are having either of these issues, they should email Nicole ([nfallon@leadingage.org](mailto:nfallon@leadingage.org)) as soon as possible.

**Observation Stay legislation reintroduced.** The Improving Access to Medicare Coverage Act (HR 3650) has been reintroduced in the House by Rep. Joe Courtney (D-CT). The bill is essentially the same as last Congress; it requires that all nights a Medicare beneficiary spends in the hospital count toward the 3-day stay requirement for Part A nursing home coverage regardless of whether the hospital treats the beneficiary as an outpatient/under observation or admits as an in-patient. We are hopeful that the waiver of the 3-day stay rule during the public health emergency will give momentum to this simple but long over-due "fix" so that beneficiaries aren't denied Part A benefits and forced to cover their post-acute care nursing home stay out of pocket. We understand the companion bill will be introduced in the Senate next week, and we anticipate an action alert for LeadingAge members will follow.

**Does the Interim Final Rule require non-Medicare, non-Medicaid nursing homes to comply?** Do private pay only nursing homes have to comply with the IFR (including reporting vaccination rates for nursing home staff through the NHSN, education of staff, etc.)? This question has come up a few times. The answer is no, they do not, unless there is a state requirement. If the state requires it, it would likely be part of the license, which means anyone in the state would be required to comply, regardless of CMS certification (or not).

**New Convergence reports.** Following a set of brainstorming meetings on rethinking care for older adults, the Convergence Project issued this [final report](#), summarizing the conversations and describing reform ideas that emerged from them. Last week, the Project issued a menu of ideas to [supplement](#) the original report. The supplement provides a series of short papers that identify administrative steps that could yield change, along with background information and links for additional reading. Subjects range

from ideas to promote and support aging at home to workforce solutions to technology ideas. They make a great crash course in aging policy issues!

**Join Us Next Week: Collaborative Care & Health IT Innovations Summit.** 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. 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.

**New CAST Case Study: Partner for Cybersecurity and HIPAA Compliance.** A new case study from LeadingAge CAST presents a successful partnership that manages a life plan community's HIPAA compliance and cybersecurity mitigation. [Read more.](#)

**New Mentor's Voice.** The latest episode of the [Mentor's Voice](#), our podcast for students and young professionals, features Maley W. Hunt, MHA, LNHA, the Chief Operating Officer and Administrator at LiveWell. Maley is a double graduate of The George Washington University with a Bachelor's of Arts in Sociology and a Master's of Health Administration with a certificate in Long Term Care. She was previously an Executive Director and Operations Analyst with Hartford HealthCare Senior Services. [Listen now.](#)

**Webinar: Strengthening the Direct Care Workforce.** The COVID-19 pandemic exposed long-standing fault lines in the direct care workforce—the people who provide hands-on care and supervision to frail older adults and people with disabilities. On June 3, LeadingAge's Senior Vice President of Research, Robyn Stone, will participate in a webinar hosted by Mathematica to discuss evidence-based policies and practices for strengthening the direct care workforce in the wake of the pandemic. [Learn more and register.](#)