



Nursing Home Weekly: Recap of LeadingAge Updates

June 30, 2022

Coronavirus Update Call Next Week. No call on Monday, July 4; LeadingAge is closed for Independence Day. Have you considered hiring international interns? Join us on Wednesday, July 6 at 3:30 PM ET to hear from a LeadingAge member who has done it. We will talk with **Kris Hansen**, CEO of Western Home Communities, who will discuss how he tackles the workforce shortage head on. Western Home Communities brings in international interns. The organization is taking steps to train and keep these interns for future positions in the organization. Learn about what it takes to make the program work, barriers, challenges, and benefits. 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.

CMS Releases RoPs 3 Guidance with October 24, 2022 Implementation Date. This week CMS released the [RoPs 3 guidance](#) that had been expected in 2019, before the pandemic hit. The lack of guidance has largely put RoPs 3 on hold. Now, the implementation deadline for the new guidance is October 24, 2022. Accompanying the guidance were new additional guidance on arbitration agreements and revised guidance on several existing sections of RoPs. Read [more here](#). LeadingAge is actively working on additional tools and resources to assist with compliance and will be providing more detailed information on each section of guidance in coming days.

Katie Sloan issued a statement immediately, pointing out that while LeadingAge shares the Administration's reform goals, "...at this time when the sector is finding its footing after years of COVID-induced financial stress and workforce challenges [and] continuing the additional pile-on of regulations will strain already-stretched providers." Further, she said: "We all know that staffing goes hand-in-hand with quality care, and our mission-driven members are working valiantly to stay compliant. But we continue to urge the administration to back its words of commitment to ensuring older adults' access to care with meaningful action and funding."

TNA Workforce Action Alert for members. *Ask Congress to Keep Temporary Nursing Assistant (TNA) Flexibilities!* Representatives Brett Guthrie (R-KY), Madeleine Dean (D-PA), and David McKinley (R-WV) introduced H.R. 7744, the *Building America's Health Care Workforce Act*, in response to CMS's announcement earlier this year that it would roll back certain waiver modifications implemented at the beginning of the pandemic, and require all training and certification requirements for certified nursing assistant (CNA) trainees to be completed by early October. If enacted, the *Building America's Health Care Workforce Act* would extend the TNA flexibility for 24 months, enable TNAs to continue working in their current roles, and put their on-the-job experience and training toward the 75-hour federal CNA training requirement. Please take a few minutes to add your voice to the many providers asking

Congress to support these critical flexibilities that allow adequate direct care workers to provide services for older adults in need. [Take Action via this link.](#)

Letter to HHS on Nursing Home Recommendations. LeadingAge sent a letter to HHS advocating for revision of nursing home recommendations including quarantine, work restriction, and routine screening testing of staff. Read the letter [here](#).

Nursing home surveying for compliance with up to date definition, CMS has not provided guidance to State Survey Agencies on surveying for compliance with the new CDC definition of “up to date” that requires individuals 50 and older to have a second booster, and has advised SSAs to be flexible until further notice. While the revised definition does not impact the vaccine mandate, it impacts operations such as quarantine, work restriction, and asymptomatic screening testing. We have expressed to CMS the difficulty of such ambiguity and requested a tighter timeline on when this definition will be enforced.

Surveyor vaccination expectations. CMS has rescinded the memo around surveyor vaccination expectations due to a question of CMS’s authority to mandate vaccination of state survey agencies. See this [LeadingAge article](#) for info on how nursing homes can manage this situation.

CNA testing of temporary nurse aides. We have heard from members about CNA training and testing backlogs and multiple states. CMS has not yet provided information on how they will address TNAs who are unable to transition to CNA by the October deadline due to state training and testing backlogs. CMS notes that providers should document attempts by the TNA to enroll in training / scheduling examination and the outcomes of these attempts. We have urged CMS to issue timely information on how these backlogs will be addressed and how TNAs will be accommodated.

988 Lifeline Transition Begins July 16. The U.S. will begin transitioning from using the 10-digit National Suicide Prevention Hotline number to a three-digit (988) number beginning on July 16. To help spread the word about the new 988 number, the Substance Abuse and Mental Health Services Administration has added downloadable print files for wallet cards, magnets, and posters to its [988 Partner Toolkit](#). The toolkit already includes [logo and brand guidelines](#), key messages, frequently asked questions, fact sheets (English and Spanish), radio PSA scripts (English and Spanish), and more. SAMHSA is also working to make the print materials available for ordering from the SAMHSA store and will be adding social media shareables by mid-July about the basics of 988.

FROM HHS:

- 1. Pfizer COVID-19 Vaccine Secured for Fall Vaccine Campaign:** The U.S. Department of Health and Human Services (HHS), in collaboration with the Department of Defense, [announced an agreement to purchase 105 million doses of Pfizer’s COVID-19 vaccine for a fall vaccination campaign](#), with options for up to 300 million doses. The contract announcement follows a June 28 meeting of the U.S. Food and Drug Administration’s (FDA’s) Vaccines and Related Biological Products Advisory Committee meeting, which recommended the inclusion of an Omicron component for COVID-19 booster vaccines in the U.S. The HHS Secretary Xavier Becerra shared that, “Vaccines have been a game-changer in our fight against COVID-19, allowing people to return to normal activities knowing that vaccines protect from severe illness.”
- 2. Inclusion of Omicron BA.4/5 Component for COVID-19 Vaccine Booster Doses:** The U.S. Food and Drug Administration’s independent experts on the [Vaccines and Related Biological Products](#)

[Advisory Committee met to publicly discuss whether a change to the current vaccine strain composition of COVID-19 vaccines for booster doses](#) is necessary for the 2022 fall and winter seasons. Following the vote, and striving to use the best available scientific evidence, FDA has advised manufacturers seeking to update their COVID-19 vaccines that they should develop modified vaccines that add an Omicron BA.4/5 spike protein component to the current vaccine composition to create a two component (bivalent) booster vaccine, so that the modified vaccines can potentially be used starting in early to mid-fall 2022.

3. **Evusheld Self-life Extension:** The FDA and HHS/ASPR [announced the authorization](#) of an extension to the shelf-life from 18 months to 24 months for specific lots of the refrigerated AstraZeneca monoclonal antibody, Evusheld (tixagevimab co-packaged with cilgavimab). Evusheld is currently authorized for emergency use for pre-exposure prophylaxis of COVID-19 in certain adults and pediatric individuals. The agency granted this extension following a thorough review of data submitted by AstraZeneca. As a result of this extension, some batches may be stored for an additional 6 months from the labeled date of expiry (see Table 1 [here](#)). This extension applies to all unopened vials of Evusheld that have been held in accordance with storage conditions detailed in the authorized [Fact Sheet for Health Care Providers](#) and the EUA [Letter of Authorization](#) for Evusheld.
4. **REGEN-COV Shelf-life Extension:** The FDA [authorized an extension](#) to the shelf-life from 24 months to 30 months for specific lots of the refrigerated Regeneron monoclonal antibodies, casirivimab and imdevimab, administered together or REGEN-COV. Due to the high frequency of the Omicron variant and its subvariants, REGEN-COV is not currently authorized in any U.S. region. Therefore, REGEN-COV may not be administered for treatment or post-exposure prevention of COVID-19 under the Emergency Use Authorization until further notice by the Agency. However, it is the recommendation of the U.S. Government that product be retained in the event that future SARS-CoV-2 variants, which may be susceptible to REGEN-COV, emerge and become prevalent in the U.S.

Some Workforce Wins for LeadingAge in House Appropriations bill for HHS. The House Appropriations Committee today released its reports accompanying the fiscal year 2023 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations bill, and its revised fiscal year 2023 subcommittee allocations. The LeadingAge Policy Team is currently reviewing the Committee Report, and highlighted a few notable HHS healthcare workforce allocations that appear in the Committee's report:

- \$3 million to fund a **Direct Care Workforce Demonstration Project**, to reduce barriers to entry for a diverse and high-quality direct care workforce, including providing wages, benefits, and advancement opportunities needed to attract or retain direct care workers.
- An additional \$3 million above the FY 2022 level for the **Geriatrics Workforce Enhancement Program** (GWEP). The program supports training to integrate geriatrics into primary care delivery and develops academic primary care-community based partnerships to address gaps in health care for older adults.
- \$15 million to support **Crisis Workforce Development Service Models**, and more effective use of the behavioral health workforce by stabilizing individuals experiencing behavioral health crises in less intensive settings.
- \$44 million increase above the FY 2022 funding level for **Title VII Nursing Workforce** development programs.

- \$25 million to develop activities for the **Preventing Burnout in the Health Workforce Program**, to provide comprehensive and evidence-based support to prevent suicide, burnout, and mental and behavioral health conditions among health care providers.

The FY 2023 appropriations bill was advanced by a voice vote in the Labor-HHS Subcommittee on Thursday, June 23, and the report will be considered at tomorrow's full Committee markup. The bill report is [here](#). The text of the draft bill is [here](#).

House Energy & Commerce Committee Holds Hearing on Need for MA Oversight. The Committee heard from the Office of the Inspector General (OIG), General Accountability Office (GAO) and Medicare Payment Advisory Commission (MedPAC) today about the problems they have observed through their respective work with the MA program, and the corresponding recommendations they have made to CMS to improve oversight. The problems identified include: delays and denials of prior authorizations for medically necessary services and payment decisions; plans sole use of certain tools—health risk assessments and chart reviews -- to increase the amounts they are paid for beneficiaries; the ineffectiveness of the Quality Bonus Program (current MA star rating system) to provide consumers relevant tools for evaluating their Medicare coverage selections; and concerns about the high proportion of MA enrollees who dis-enroll from MA in the final year of life primarily due to lack of access to specialty care providers. Overall, many committee members expressed support for the MA program, as it is popular with their constituents due to its lower out of pocket costs and access to supplemental benefits. However, many also agreed that the [OIG](#), [GAO](#) and [MedPAC](#) reports give guidance for where improvements are needed. If Congress opts to pursue such improvements, it may present an opportunity to include some of LeadingAge's provider rights or protections initiatives.

HRSA Announces special opportunity for providers who returned funds in Reporting Period 1. HRSA has sent a communication to providers who failed to report for Reporting Period 1 (RP1) funds (PRF received between April 10 – June 30, 2020) and as such returned the applicable funds before HRSA announced an opportunity for providers to submit a late reporting request. For these eligible providers, HRSA is offering to have their RP1 payment reissued if the provider completes a process to submit a late RP1 report. These providers will be able to submit a late report request for these RP1 funds between July 18 and July 29, 2022 at 11:59 p.m. ET. HRSA will send a link to eligible providers in the coming weeks. It is anticipated that funds will be reissued in October 2022 for those providers who complete the late reporting process for RP1. Providers can contact the Provider Support Line at 866-569-3522 with questions but should check their email boxes including spam folders for the email from HRSA that contains additional details about the process.

Provider Relief Reporting Period 3 Starts Friday, July 1. Providers who received PRF from January 1 – June 30, 2021 (last year) will need to submit reports on the use of those funds no later than September 30, 2022 at 11:59 p.m. ET. The reporting portal will open for reporting on these funds on Friday, July 1. Providers have until June 30, 2022 to spend the funds received. HRSA has indicated that it will not be updating the reporting guidance for Reporting Period 3. Its resources can be found [here](#). Now is a good time for member organizations to determine who will be responsible for reporting on which funds so there is no confusion and all reports are submitted by the deadline. Nursing homes should remember that they are the only entity that can report on the Nursing Home Infection Control incentive payments they received in January and February 2021, even if those funds were transferred to another part of their organization.

OIG Provides Additional Info on Audit of Nursing Homes Use of PRF in CY2020. In response to a LeadingAge inquiry regarding an audit of select nursing homes regarding appropriate use of PRF, the Office of the Inspector General explained further that they “non-statistically” selected a 30 nursing home sample size with consideration for “a diversity of geographies, size of organization, amounts of PRF received, etc.” In other words, these providers were not necessarily selected because of some red flag in their PRF reporting. They also confirmed that all 30 selected nursing homes have been contacted and that they anticipate issuing a report to HRSA by the end of FY2023. In addition, OIG has a number of work plan items related to the PRF program including reviewing one that will review the Phase 1, 2, and 3 distributions and whether payments were accurately calculated; supported by appropriate and reasonable documentation and made to eligible providers. Another report will audit HRSA’s controls related to the initial Phase 1 general PRF distribution.