



Nursing Home Weekly: Recap of LeadingAge Updates

July 23, 2021

Discussion on vaccine as a condition of employment heats up. Check into Monday's Update Call. As vaccination rates continue to sputter across the country, more and more organizations are looking into making vaccines a condition of employment. Dr. Robin Jump will join us on **Monday, July 26 at 3:30 PM ET** to discuss the AMDA joint statement on recommending mandatory vaccines and will be available to talk about why we need to continue our concerted push to motivate staff to get vaccinated to protect those that we serve. If you haven't signed up for the Monday and Wednesday Update Calls yet, you can join the calls by [registering here](#).

LeadingAge Sends Letter Urging HRSA to Release the Provider Relief and unused PRF being considered in Infrastructure debate: Thursday, Katie sent a [letter](#) to HRSA Administrator Diana Espinosa stressing the urgent need providers have for further pandemic relief. A recent [GAO report](#) notes HRSA's inaction and lack of transparency on the distribution of these PRF dollars. GAO recommends in the report that the Secretary of Health and Human Services should provide projected time frames for the planned spending of COVID-19 relief funds in the Department of Health and Human Services' spend plans submitted to Congress.

We've also heard speculation in recent days that some members of Congress are considering using the remaining PRF dollars to fund the infrastructure bills currently being deliberated. LeadingAge responded to a McKnight's media inquiry on this issue, as follows, "From a spokesperson for LeadingAge, the association of nonprofit providers of aging services: We strongly urge negotiators to leave the Provider Relief Fund appropriations untouched so they are used for their original purpose: to provide relief. The fact that these funds are not yet used isn't due to a lack of need; it is because HRSA has offered no opportunity for providers to access funds since late 2020. Yet, at the same time, the pandemic continues to take its toll. Providers' financial losses are mounting, as spending for COVID-related items and services, including personal protection equipment, tests and staffing support continues. For many of our members, the need for support is urgent."

Infrastructure Update. The Senate engaged in a bit of political jockeying Thursday, as Majority Leader Schumer called for cloture on the bill that will carry the bipartisan infrastructure bill once it is finalized. Cloture means that 60 Senators vote to debate the bill; in this case, Sen. Schumer was asking for that "vote to debate" before the bill was introduced, in an effort to encourage the negotiators to come to a final draft. The cloture vote failed on a party line vote, 50-50. Sen. Schumer then changed his vote to "Nay" so that he could bring the cloture vote up again at a future time. So the bipartisan negotiators will continue to negotiate their bill and the pay-fors that will cover the cost, and the reconciliation bill or series of bills will remain in the wings. We are waiting on the budget resolution that requires only a majority vote to be brought up, which will trigger the bill that is expected to have the HCBS, Medicare, child care, and other "soft" infrastructure provisions.

Infrastructure Action Alert. This week, we sent all LeadingAge members an action alert urging you to take action and ensure that Congress includes our key programs as part of the infrastructure negotiations. Here's the summary:

Tell Congress: Include Investments for Older Adults and the Providers Who Serve Them
Congress has begun developing a \$3.5 trillion infrastructure investment package -- so NOW is the moment to make sure U.S. Representatives and Senators hear our voices!

The infrastructure package must include:

- \$400 billion for Home and Community-Based Services, including: sufficient funding to identify and serve older people who are eligible, increasing FMAP for HCBS by 10 points for 10 years, double investment in Older Americans Act supportive services, connecting HCBS and HUD-assisted units, incentivizing states to expand the PACE model, and investing in new models of care to support older adults in home and community.
- Enhanced federal investment in the LTSS workforce across the entire continuum of aging services, in order to support recruitment, training, advancement opportunities, and increased wages. Ensure equity in access to increased workforce funding across payment systems.
- \$7.5 billion for HUD's Section 202 Supportive Housing for the Elderly program to expand the supply of affordable senior housing, increase the number of Service Coordinators, and provide internet in these homes.
- Expansion of Medicare to include dental, hearing, and vision services.

Now is the time to act: send a message to your U.S. Representative and Senators today! (LINK:)
<https://mobilize4change.org/HrCcaJg>

Short Policy Update. We periodically pull together updates on how our legislative priorities are faring and changing. [Here's](#) one we just developed.

Noncompliance with SNF and Hospice Quality Reporting. SNF and Hospice providers who are non-compliant with their respective Quality Reporting Programs should have received a noncompliance letter from CMS last week. Providers can check QIES system to see if they have a notice. Non-compliant providers will have their FY2022 Medicare payments reduced by 2%. If a provider believes they have received this notice in error, they may request reconsideration from CMS but must do so no later than Aug. 13.

Everything you need and want to know about Provider Relief Reporting. All members who received Provider Relief Fund payments between April 10 and June 30, 2020 are now required to submit reports on the use of those funds. These reports are due September 30. LeadingAge is hosting a [webinar](#) on July 27 from 2:00 -3:30 PM ET with CLA, to assist aging services providers in understanding the new reporting requirements and strategies for how to approach the required reporting. This webinar will also help prepare assisted living and Medicaid providers who received later PRF payments and are required to report in the next reporting period. While you're at the link you can check out all the other offerings in the LeadingAge Learning Hub!

From HHS:

1. **Hospitalization Forecasts:** This week's national ensemble [predicts that the number of new daily confirmed COVID-19 hospital admissions](#) will likely increase over the next 4 weeks, with 3,800 to 14,000 new confirmed COVID-19 hospital admissions likely reported on August 16, 2021. The

state- and territory-level ensemble forecasts predict that over the next 4 weeks, the number of daily confirmed COVID-19 hospital admissions will likely increase in 20 jurisdictions, which are indicated in the forecast plots below. Trends in numbers of future reported hospital admissions are uncertain or predicted to remain stable in the other states and territories. View [previous hospitalization forecasts](#).

2. **Death Forecasts:** This week's national ensemble [predicts that the number of newly reported COVID-19 deaths](#) will likely increase over the next 4 weeks, with 1,200 to 5,300 new deaths likely reported in the week ending August 14, 2021. The national ensemble predicts that a total of 615,000 to 625,000 COVID-19 deaths will be reported by this date. The state- and territory-level ensemble forecasts predict that over the next 4 weeks, the number of newly reported deaths per week will likely increase in 3 jurisdictions, which are indicated in the forecast plots below. Trends in numbers of future reported deaths are uncertain or predicted to remain stable in the other states and territories. View [previous death forecasts](#).
3. **COVID-19 Data Tracker Weekly Review:** On Friday, the CDC [released their COVID-19 data tracker weekly review](#). CDC updated their data on reported cases, SARS-CoV-2 variants, testing, vaccinations, hospitalizations, and deaths. CDC also posted recent CDC COVID-19 publications. The weekly review contained specific analysis on how the [conditions](#) in which people live, learn, work, and play can affect a wide range of health risks and outcomes. Differences in the prevalence of many risks and outcomes differ by metropolitan and non-metropolitan* areas. Long-standing systemic health and social inequities have put some rural residents at increased risk of getting or having severe illness from COVID-19. The COVID-19 [cumulative death rate](#) in non-metropolitan areas has exceeded that of metropolitan areas since December 2020.
4. **Interim Public Health Recommendations for Fully Vaccinated People:** CDC [updated their interim guidance for fully vaccinated individuals](#). Specifically, CDC updated considerations for people who are immunocompromised. People who are immunocompromised should be counseled about the potential for reduced immune responses to COVID-19 vaccines and to follow [current](#) prevention measures (including wearing [a mask](#), [staying 6 feet apart from others](#) they don't live with, and avoiding crowds and poorly ventilated indoor spaces) to protect themselves against COVID-19 until advised otherwise by their healthcare provider.
5. **Risk for COVID-19 Infection, Hospitalization, and Death By Race/ Ethnicity:** CDC [updated information for the risk for COVID-19 infection, hospitalization, and death by race/ ethnicity](#). The update applies new data to keep figures current. Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.

House Workforce hearing. During this week's joint House Education and Labor Committee hearing on the direct care workforce, Chair Federica Wilson (D-FL), Subcommittee on Health, Employment, Labor, and Pensions and Chairman Mark DeSaulnier (D-CA), Subcommittee on Higher Education and Workforce, and the democrat subcommittee members, reiterated how the American Jobs Plan calls for robust investments to expand access to home and community-based services (HCBS) from Medicaid and strengthen the workforce through higher wages, better benefits, and sector-based job training and supports. They also discussed how the Direct Creation, Advancement, and Retention of Employment

Opportunity (CARE) Act of 2021, mirrors the American Jobs Plan, which invests in recruiting, retaining, and advancing the direct care workforce pipeline.

The Ranking Republican subcommittee members, Reps. Gregory Murphy (R-NC) and Rick Allen (R-GA), and the republican subcommittee members, reiterated their support for the reauthorization of the *Workforce Investment and Opportunity Act* (WIOA), as a vehicle to help direct care workers. They view WIOA as an important source of funding for state and local workforce development systems that are tasked with addressing the community needs. Additionally, they advocated for apprenticeship-style programs that allowed for on-the-job learning and classroom-based instructions to sustain a workforce pipeline to recruit the health care workforce. An article on the hearing will be available soon.

Compilation of State Plans for American Rescue Plan HCBS Funds. Advancing States put together an inventory of ARPA funds HCBS funds that can be found at: <http://www.advancingstates.org/sites/nasuad/files/u33914/HCBS%20ARPA%20Spending%20plans%20Inventory%20of%20Links%20PUBLIC.pdf>

No changes (yet) to 1135 waivers: Many of you are hearing from local hospitals that the 3-day stay waiver has ended. **CMS has not announced termination of the 3-day stay waiver.** With yesterday's extension of the national public health emergency due to COVID-19, the 3-day stay waiver and all other 1135 federal blanket waivers remain in effect unless otherwise noted by CMS. Our small call with CMS was cancelled today but we continue to monitor and will keep you updated.

LeadingAge continues discussions with CMMI on Future Care Delivery Models: LeadingAge policy staff met with the Patient Care Models Group at CMMI today to better understand models and approaches they are considering related to the SNF at home concept, palliative care and HCBS. We shared our perspective on where the current palliative care/hospice models have presented barriers to some seniors from participating. There appears to be a real interest in figuring out a model where PAC, LTSS and HCBS providers can participate alternative payment models. The meeting ended with more questions. In particular, they are interested in what COVID flexibilities would be helpful to continue post-pandemic that will help providers deliver care and services more effectively. We will be discussing internally but also would love to hear from state partners and members.

What Severe COVID-19 Does to the Brain: NIH [released new research on COVID-19's effects on the brain](#). Neurological effects were extremely common, appearing in about 80% of patients who had been hospitalized with COVID-19. The most common symptoms reported by patients were headache, which affected 37% of participants, and loss of taste or smell, which affected 26%. The most common neurological problems observed in patients by hospital staff were acute encephalopathy (affecting 49% of patients), coma (17%), and stroke (6%). Patients whose neurological symptoms were observed by hospital staff were more likely to die in the hospital than people with self-reported neurological symptoms — likely because symptoms reported by hospital staff occur in more severe cases of COVID-19. The researchers also found that people with pre-existing neurological conditions such as chronic migraines, brain or nerve diseases, or dementia were more likely to have neurological symptoms of COVID-19 than other people were.

Public Health Emergency renewed. As expected, HHS Secretary Becerra renewed the national COVID-19 Public Health Emergency this afternoon. The renewal is good for 90 days and available [here](#). With this extension, the 1135 federal blanket waivers issued by CMS are also extended. We know that CMS is

continuously monitoring the waivers and may make changes based on what they feel the necessity of these waivers may be. We will share updates should CMS make any changes.

\$103M from American Rescue Plan Dedicated to Reducing Burnout and promote mental health in the health care workforce: HHS [announced](#) Friday that the Health Resources and Services Administration would be administering \$103 million through 3 funding opportunities related to reducing health care worker burnout and promoting workforce mental health and wellness. There are three different funding opportunities. Health care providers appear eligible to apply for the first and third opportunities.

- **[Promoting Resilience and Mental Health Among Health Professional Workforce](#):** Estimated to issue \$29 million over three years to roughly 10 health care organizations to support their workforce through evidence-informed programs or protocols related to a culture of wellness. The goal of the PRMHW program is for health care organizations to adopt, promote, implement, and demonstrate an organizational culture of wellness that includes resilience and mental health for their health professional workforce.
- **[Health and Public Safety Workforce Resiliency Training Program \(HPSWRTP\)](#):** \$68M over three years for up to 30 awards to educational institutions and other state, local, tribal, public or private nonprofits who train individuals early in their careers. The goal of HPSWRTP is to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals, particularly in rural and medically underserved communities. These awardees will do this by developing some of the strategies, protocols and systemwide approaches that the health care provider organizations can deploy
- **[Health and Public Safety Workforce Resiliency Technical Assistance Center](#)** : One cooperative agreement for up to a total of \$6 million over three years. The purpose of this program is to provide tailored training and technical assistance (TA) to support Health Resources and Services Administration's (HRSA's) health workforce resiliency grant recipients .

Applications for each of the funding opportunities are due August 30, 2021.

Annual Meeting Registration is Open. It's time to reconnect at the [2021 LeadingAge Annual Meeting + EXPO](#). Our collective power is made greater through sharing, learning, and collaboration—so join us for the conversations and connections that will help us navigate our field, forever transformed by the last year. We'll get ideas and answers from the experts and from each other. This is where progress begins—and you need to be a part of it. [Watch a video](#) from LeadingAge Board Chair Carol Silver Elliott and [register today](#).

[This year's program](#) will focus on measurable, actionable, and scalable insights. We are addressing a range of important topics, including:

- Aging Services Technologies
- Design Strategies & Solutions
- Diversity, Equity, & Inclusion - new this year!
- Governance & Leadership - new this year!
- Growth & Mission Advancement
- Marketing & Consumer Behavior

- Operational Excellence

Review the [full schedule of sessions](#) and make plans to join your colleagues in Atlanta.

Your Stories Matter: It's Time to Tell Them. Stories can teach, build empathy, engender trust, and generate support; compelling stories stay with people long after figures and charts have been forgotten. LeadingAge leverages the stories of our members—for advocacy, media, and member-to-member communications. With support from LeadingAge Gold Partner Greystone, we're collecting stories that demonstrate the humanity and direct impact of our work. [See our FAQs](#) for information on how the Story Collector works, and tips on how to get the most out of the tool. [Submit your story today.](#)

Who on Your Team Should Apply to the 2022 Leadership Academy? (Maybe It's You!)

The nonprofit aging services field needs diverse, empowered leaders. Apply to LeadingAge's 2022 Leadership Academy and be part of a transformative program that can help unleash your natural talents. You'll join a growing network of leaders who are united by their skills, abilities, and determination to provide valuable leadership, even during difficult times. [Learn more and apply here.](#) Application deadline is July 26.

Thinking About Strategic Planning? You Need These New Resources

Those of us who work in the aging services sector know there's never been a more important time to bolster our organization's strength. That's why LeadingAge is rolling out a new package of [Governance Resources for Aging Services](#)—designed to directly address the unique challenges and opportunities our members face. The first of four self-guided resources is designed to lead you through annual strategic work with your boards. [LeadingAge members receive 50% off the purchase price](#)