What’s new with the Delta Variant (it changes daily) and what does the surge mean for aging services providers? Check out upcoming LeadingAge Coronavirus Update Calls to find out. All calls are at 3:30 PM ET. On Monday, August 16, we will welcome Dr. Megan Ranney, an emergency room physician and researcher who will share her thoughts on what is happening on the ground with the surge in new cases. She also is the founder of Get Us PPE and will share her thoughts on resources to help providers obtain PPE. On Wednesday, August 18, we will welcome back Dr. Ali Mokdad from the Institute of Health Metrics and Evaluation at the University of Washington. He will provide the latest updates on the trending data on COVID and take your questions on what we can expect in the fall. If you haven’t registered for the calls, you can do so here.

New Paper on Home Modification Assistance. On the heels of HUD announcing $30 million in home modification assistance grants, the Urban Institute has issued an overview of the modification and accessibility needs of older adults. The brief, For Owners and Renters, Home Modification Assistance can be a Lifeline, describes the dearth of accessible housing in the U.S., both for homeowners and renters. From LeadingAge’s perspective, it is very unfortunate that HUD’s new modification program is only for homeowners when 22% (and growing) of older adults rent their home (this restriction was required by Congress). The Urban Institute piece looks at the cost of the most needed home modifications and how many owners and renters are likely unable to afford these modifications. Read the Urban Institute report here. Read about the new HUD home modification grants here.

PACE is the Place. See An Overview of Highlights and Expert Insights on Expanding a High-Performing Program and Model of Care here.

ArchCare PACE mandating vaccine. ArchCare, which operates three PACE centers in the New York City metro area, is mandating COVID-19 vaccinations for all 5,000 of its employees. On Thursday, the Archdiocese of New York healthcare program said employees have until Oct. 1 to complete their second dose.

AARP Vaccination Dashboard. AARP released its updated Nursing Home COVID-19 Dashboard. The Dashboard uses publicly available NHSN data to provide snapshots every four weeks. Today’s update shows cases of COVID-19 continue to rise among nursing home residents and staff, by 50% and 60% respectively in the middle of July compared to the week before.

Continuing the infrastructure saga...The Senate passed the Concurrent Budget Resolution (S. Res. 14) in a middle of the night on a party-line vote (50-49). As we have been reporting, this tees up development of a $3.5T care infrastructure bill that is expected to pass under reconciliation, requiring only majority support in the Senate. Out of those trillions, LeadingAge is advocating for the full $400B for HCBS, approximately $55B for an FMAP increase for nursing homes, $7.5B for low income senior housing, and $1B for workforce development and support, along with expansion of Medicare to include dental, vision...
and hearing benefits, expanded access to affordable child care that will help support our workforce, among other provisions. The resolution directs House and Senate committees to develop legislation by September 15. The House is returning early from August “recess” to vote on the budget resolution and also begin work on concurrent legislation. We have developed a robust and substantial advocacy plan for the next month to make sure our voices are heard and the amounts needed for a strong LTSS system are not cut. Stay tuned, we will be calling on you to help!

**HUD Makes Eviction Moratorium Penalties Clear; Data Show Risk of Eviction for Older Adults.** HUD’s Office of Multifamily Housing has updated its Questions & Answers document for COVID-19 to reflect the CDC’s eviction moratorium for counties with heightened levels of community transmission until October 3. The updated Q&A points housing providers to the CDC’s August 3 order and adds one new question: What are the penalties for a landlord, owner of a residential property, or other person with a legal right to pursue an eviction or a possessory action violating the CDC Order? The answer refers providers to the CDC’s Order and the Declaration form itself, which describes both monetary finds and jail time. Meanwhile, the Census Bureau’s latest survey shows a very fragile housing situation for 32% of the nation’s unassisted older adult renters. For more information, see this [article](https://www.kff.org/coronavirus-covid-19/issue-brief/state-medicaid-home-community-based-services-hcbs-programs-respond-to-covid-19-early-findings-from-a-50-state-survey/)


**FROM HHS:**

1. **Understanding Variants:** Viruses constantly change through mutation, and new variants of a virus are expected to occur. Sometimes new variants emerge and disappear. Other times, new variants persist. Multiple variants of COVID-19 have emerged in the United States. At this point, the original variant that caused the initial COVID-19 cases in January 2020 is no longer circulating as newer variants have increased. View CDC’s video on what you need to know about variants. See specific information on the Delta Variant.

2. **FDA Testing updates:** As of last week, 399 tests and sample collection devices are authorized by the FDA under emergency use authorizations (EUAs). These include 279 molecular tests and sample collection devices, 87 antibody and other immune response tests and 33 antigen tests. There are 53 molecular authorizations and one antibody authorization that can be used with home-collected samples. There is one molecular prescription at-home test, three antigen prescription at-home tests, six antigen over-the-counter (OTC) at-home tests and two molecular OTC at-home tests. The FDA has authorized 13 antigen tests and eight molecular tests for serial screening programs. The FDA has also authorized 596 revisions to EUA authorizations.

3. **Effectiveness of COVID-19 Vaccines in Preventing Hospitalization:** CDC released an MMWR on the effectiveness of the COVID-19 vaccine in preventing hospitalizations among adults aged ≥65 years. Clinical trials of COVID-19 vaccines currently authorized for emergency use in the United States (Pfizer-BioNTech, Moderna, and Janssen [Johnson & Johnson]) have shown high efficacy.
in preventing symptomatic (including moderate to severe) COVID-19. Among adults aged 65–74 years, effectiveness of full vaccination for preventing hospitalization was 96% for Pfizer-BioNTech, 96% for Moderna, and 84% for Janssen COVID-19 vaccines; among adults aged ≥75 years, effectiveness of full vaccination for preventing hospitalization was 91% for Pfizer-BioNTech, 96% for Moderna, and 85% for Janssen COVID-19 vaccines. Efforts to increase vaccination coverage are critical to reducing the risk for COVID-19–related hospitalization, particularly in older adults.

4. Reduced Risk of Reinfection After COVID-19 Vaccination: CDC released an MMWR on the reduced risk of reinfection with SARS-CoV-2 after COVID-19 vaccination. Reinfection with human coronaviruses, including SARS-CoV-2, the virus that causes COVID-19, has been documented. Currently, limited evidence concerning the protection afforded by vaccination against reinfection with SARS-CoV-2 is available. Among Kentucky residents infected with SARS-CoV-2 in 2020, vaccination status of those reinfected during May–June 2021 was compared with that of residents who were not reinfected. In this case-control study, being unvaccinated was associated with 2.34 times the odds of reinfection compared with being fully vaccinated. To reduce their likelihood for future infection, all eligible persons should be offered a COVID-19 vaccine, even those with previous SARS-CoV-2 infection. The CDC Newsroom issued a media statement on the study.

Elder Justice Reauthorization bill introduced. As we hinted last week, The Elder Justice Reauthorization and Modernization Act of 2021 (S. /H.R. ) was introduced on Friday by Sen. Wyden (D-OR), Chair, Senate Finance, and Sen. Casey (D-PA), chair, Senate Special Committee on Aging, and Rep. Neal (D-MA), chair, Ways & Means, and Rep. Bonamici (D-WA), Co-Chair of the House Elder Justice Caucus. LeadingAge worked with committee staff alone and as part of the steering committee of the Elder Justice Coalition. This bill contains 5 major sections:

- **Nursing Home Worker Training Grants** ($1.6B over 4 years) (actually available to all non-RN healthcare/personal care staff in all Medicare/Medicaid LTSS settings and home-based), administered through the states and tribal governments, providing grants for wage subsidies, child care, transportation, legal assistance, employer subsidies for paid leave, etc., designed to support recruiting and retaining workers.

- **Medical-Legal grants** ($500M over 4 years) to states and tribal organizations to develop “evidence based approaches to establishing or improving...linkages between health and social services”, creating medical-legal partnerships, elder abuse hotlines, etc. (LTSS providers are not listed as eligible grantees to develop/administer/support these programs, and this will be one area where we will advocate to include our members, as the goal here is similar to the legal services component in the elder abuse shelter programs pioneered by LeadingAge members).

- **Grant program** ($250M over 4 years) to assist AAAs and community based organizations (which we interpret to include LeadingAge nonprofit members) to address social isolation among vulnerable older adults and adults with disabilities.

- **Funding for Adult Protective Services** ($1.4B over 4) and for training and other supports for the LTC Ombudsman program ($175M over 4).
LeadingAge issued a press release supporting the bill shortly after it was introduced. We expect it to “move” since it was introduced by the chairs of the key authorizing committees. As noted, we will advocate to include LTSS providers in the medical-legal grant program.

**Education You Can Use at the 2021 LeadingAge Annual Meeting + EXPO.** Learning at the LeadingAge Annual Meeting is different from offerings available anywhere else. We don’t shy away from the tough topics and you can count on your LeadingAge community for openness and support through even the most difficult discussions. No matter what the subject matter of the sessions you choose, you’ll walk away with measurable, actionable and scalable ideas to apply when you get back home. Make plans to join us in Atlanta October 24-27.