



Nursing Home Weekly: Recap of LeadingAge Updates

September 17, 2021

LeadingAge Coronavirus Update Calls. Another COVID media star sharing epidemiological and infectious disease information in plain English and interpreting what it means for aging services providers. And some help getting the ball rolling to hold vaccine clinics on site for your residents/service users and staff. On Monday, September 20, at 3:30 PM ET, we will talk with Katelyn Jetelina, who is known as “your local epidemiologist.” She is from the University of Texas and is a frequent commentator and explainer of all things COVID in the media. She’ll talk about what’s going on with the current surge, what it means for schools, hospitalizations and deaths, and what we can expect in coming months. On Wednesday, September 22, at 3:30 PM ET, Bri Morrison of the National Community Pharmacists Association will join the call to provide hands on help for providers looking to connect with local pharmacies for onsite booster clinics (once boosters are available) and generally getting residents and staff vaccinated. If you haven’t registered for LeadingAge Update Calls, [you can do so here.](#)

Staffing Member Snap Survey

LeadingAge is seeking to better understand the staffing situation in provider member organizations across the continuum—to inform our advocacy efforts with members of Congress and the Administration. To better serve you, we need to illustrate what the workforce crisis looks like on the ground. [Please take a few minutes to complete the survey](#) by Friday, Sept. 24.

Nursing Home Visitation During Outbreak: We reported that CMS has instructed nursing homes to follow the current visitation guidance [QSO-20-39-NH-REVISED](#) to determine visitation restrictions during outbreak testing. Our understanding at the time was that nursing homes could conduct outbreak testing according to the new testing recommendations that allow contact tracing and that restrictions on indoor visitation would be limited only to “affected units” where individuals had tested positive. However, we have heard from MANY of you about one troublesome sentence in the current visitation guidance:

*When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), **until at least one round of facility-wide testing is completed.***
[emphasis added]

We have reached out to CMS for explicit clarification on whether nursing homes must complete facility-wide testing before resuming indoor visitation, or if one round of contact tracing-based outbreak testing is appropriate. We have also asked that this point be clearly communicated with states as we await revised guidance.

CDC training webinars on NHSN Vaccination Modules. CDC announced the availability of upcoming training webinars on the NHSN COVID-19 Vaccination Modules. These webinars are directed towards specific facility types and will cover updates, such as new data reporting categories and the monthly reporting plan. A review

of how to complete questions #4 and #5 on reporting additional or booster doses of the vaccine will also be included. The webinars include:

- **Topic:** 2021 Changes to the Weekly NHSN COVID-19 Vaccination Data Collection Forms for Long-Term Care Facilities
Date: Sept. 23, 2021
Time: 2:00 – 3:00 PM EST
Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_wQWphrcdRvCy4ATVbJ6BpQ

E&C Approves Historic Medicaid HCBS Allocations. On September 14, the Energy and Commerce Committee advanced the first three of its six health care reconciliation proposals that is part of the \$3.5 trillion budget reconciliation package.

The health sections are the last of 16 subtitles in the committee's package that it considered after already approving provisions on issues such as energy, the environment, technology and others. The committee will consider the final health care proposal and wrap up their work today. The committee's a subtitle regarding Medicaid, approved, 30-27, allocates \$190 billion to expand HCBS services for older adults and people with disabilities, as specified in the *Better Care Better Jobs Act*. Although LeadingAge continues to advocate for a budget closer to the \$400 Billion the President requested in the American Jobs Plan, this E&C provision represents a historic investment in Medicaid home and community-based services (HCBS) and strengthens the HCBS workforce.

The Energy and Commerce Committee bill would permanently extend the Medicaid protections against Spousal Impoverishment for recipients of HCBS and provides a permanent extension of the Money Follows the Person Rebalancing Demonstration. More details on the *Better Care Better Jobs Act's* implications on the HCBS workforce is available in an article, [here](#).

Arizona State Partners Meet with Senator Sinema's staff – great response. As the House congressional committees wrap up their work on the infrastructure reconciliation bills, it is important that we keep pressure on congressional leaders to keep the numbers in place. Earlier today, LeadingAge Arizona members met with Sen. Sinema and heard that there is not agreement yet on the final numbers and that there is still many things to be decided. Thanks to the leadership from Pam Koester and her members in LeadingAge Arizona we got some good feedback on our policy priorities but nothing is guaranteed yet. Joe is going to be reaching out to key state partners to send some specific messages to congressional leaders to maintain the proposed funding levels and avoid any further cuts.

Virtual Update on Addressing Vaccine Mandates and Exemption Requests. We have posted a virtual update for members titled [Addressing Vaccine Mandates and Exemption Requests](#). In this virtual update, attorneys from Lane Powell addresses key legal and operational issues related to mandatory vaccination policies, including medical and religious exemption requests.

Nursing home visitation: With last week's changes to outbreak testing procedures in nursing homes, we've received many questions about how visitation is impacted. We brought this up on our call with CMS. The short answer: continue to follow the current guidance on visitation outlined in [QSO-20-39-NH-REVISED](#). This means that indoor visitation should be suspended during the initial round of outbreak testing (including the first round of testing in individuals identified as "close contacts" and "higher risk exposures") and may resume on unaffected units if the initial round of testing indicates that the

outbreak is contained. Indoor visitation is restricted on the affected unit (i.e. the unit where the positive staff member works or the positive residents live). Outdoor visitation may continue uninterrupted, even during an outbreak.

CMS acknowledges that this may seem confusing now that outbreak testing follows the contact tracing protocol and states that they are reviewing the visitation guidance with CDC to determine if revisions can be made. Here's what we've asked CMS to keep in mind as they consider revisions:

- Because testing is now determined based on contact tracing, can visitation restrictions be determined based on contact tracing? In other words, indoor visitation can continue on "affected units" for those who have not been identified as having "close contact" exposure.
- Previously, CMS clarified that individuals on an affected unit could continue outdoor visitation during outbreak provided they had not been placed on transmission-based precautions due to being identified as having "close contact" exposure. Those who had been identified as "close contact" exposure and placed on TBP were permitted neither indoor nor outdoor visitation except in cases of compassionate care. Now that CDC has recommended fully vaccinated residents do not need to quarantine after close contact exposure, can fully vaccinated residents with close contact exposure continue indoor and outdoor visitation while undergoing outbreak testing?

It was further noted on this call that indoor visitation for unvaccinated residents continues to be determined based on nursing home-wide resident vaccination rates and county positivity rates. CMS confirmed that a nursing home can continue to refer to the county positivity rate in these circumstances and should reference the [CDC COVID-19 Data Tracker](#) to determine county positivity. CMS further reminds nursing homes that visitation cannot be restricted based on a visitor's vaccination status.

NHSN Changes – Get your Level 3 Access NOW: We have been informed by CDC that changes are coming to NHSN that will require Level 3 access for reporting. While we have very little information about what these changes may be and whether they impact all required reporting or only some, we do know that these changes are scheduled to appear in NHSN on September 18 and are required beginning with the reporting week ending October 3. As we work with CDC to learn more and to advocate on your behalf to prevent any unnecessary burden and barriers to reporting, we urge providers to do the following:

- Attend the CDC webinar on September 23 that will review these changes. Register for the webinar [here](#).
- Double-check that at least one person in your nursing home has SAMS Level 3 access and will be available to complete required reporting on the week ending October 3.
- Work now to upgrade enrollment for other NHSN users in your nursing home so that you have multiple people with SAMS Level 3 access in the event of illness, vacation, staff turn-over, etc. **Remember, the SAMS Level 3 access is specific to the individual, not to your nursing home.** When an individual with SAMS Level 3 access leaves your nursing home, the SAMS Level 3 access goes with him/her. To initiate the process for upgrading NHSN users to SAMS Level 3, email nhsn@cdc.gov with the subject line "Enhancing Data Security" then follow the instructions [here](#). Information on how to add users to NHSN can be found [here](#).

Nursing Home Mandate FAQs Updated: In light of last week's White House announcement about additional vaccine mandates, the LeadingAge Nursing Home Mandate FAQ document has been updated.

Check it out [here](#). Remember that this document addresses questions related to nursing homes and the nursing home mandate. It does not answer questions about the White House announcement or additional mandates beyond how nursing homes may be impacted.

Questions on Biden’s Vaccination or Testing Mandate for Private Businesses. As part of President Biden’s “Path Out of the Pandemic” plan, he has ordered that employers with over 100 employees ensure their workforce is fully vaccinated or require those that are unvaccinated produce a negative COVID test to enter the workplace. He has directed OSHA to issue an emergency temporary standard (ETS) to implement this requirement. The administration estimates that this will cover over 80 million workers in private sector businesses. We are following how this will coincide with the upcoming CMS vaccine mandate for healthcare providers that are covered by Medicare and Medicaid reimbursement. There are some providers that do not accept Medicare or Medicaid but may be subject to the upcoming OSHA ETS on vaccine mandates or testing.

There are many outstanding questions on the forthcoming OSHA ETS including how the Department of Labor will calculate the 100-employee threshold (indications are that they will apply it on a company-wide basis rather than a per location basis), how to address remote workers, what types of testing is allowed, and who pays for testing. There are additional questions on the timelines for implementation, how this interacts with existing union contracts, and more. We anticipate that the OSHA ETS will be issued in the coming “weeks” rather than “days” and will pass along additional information once it is received. The existing OSHA COVID-19 ETS for healthcare providers that was issued in June 2021 remains unchanged and in effect.

Historic Opportunities to Expand Long-term Care Staffing and Enhanced Medicaid HCBS Services. House Committees have developed pieces of the Build Back Better \$3.5 trillion budget reconciliation package critical aging services providers. Mark-ups began on September 10 and are expected to conclude by September 15, when they will be sent to the House Budget Committee to compile into one proposal. This [article](#) offers highlights of the provisions included in the reconciliation packages considered by the House Ways and Means Committee, the Education and Labor Committee and the Energy and Commerce Committee. The proposals provide historic opportunities to support workers in long-term care settings, and address health care professionals’ recruitment and retention. Funding also includes measures that provide increased support to address Medicare coverage and critical resources needed to enhance Medicaid home and community-based services (HCBS).

FROM HHS:

- 1. Using Antibody Tests:** This page [provides a summary of guidance for clinicians and health care professionals](#) on antibody tests. CDC has updated this page to include information about antibody tests and vaccination status. A positive antibody test indicates a person has antibodies for COVID-19 as a result of: past infection with SARS-CoV-2 or vaccination against COVID-19. Antibodies are a marker for protection and help prevent many infections; however, some people with antibodies may be re-infected (infected again after recovering from a past infection) or become infected [after vaccination](#). In these cases, antibodies play an instrumental role in preventing severe disease, hospitalization and death. Healthcare professionals who use antibody tests must know the type of information different tests provide and how to interpret test results: if a person gets tested for antibodies after receiving a vaccine, they might test positive by some (but not all) antibody tests.

- 2. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2:** CDC [updated their guidance for managing healthcare personnel](#) with SARS-CoV-2 infection or exposure to SARS-CoV-2 to include to the following:
- Combine information from previously posted CDC guidance addressing when healthcare personnel (HCP) with SARS-CoV-2 infection could return to work and risk assessment and work restriction for HCP with higher-risk exposure to SARS-CoV-2
 - Clarify the recommended intervals for testing asymptomatic HCP with a [higher-risk exposure](#)

Congress Votes Soon on Huge Investment in Older Adults

American families face a crisis as millions of us are growing older without access to affordable care and support we need. Congress is expected to vote this month on “care economy” proposals that provide for much-needed support and services. [Make your voice heard](#) to help secure public investment in older adults and [read about the polling that LeadingAge commissioned](#), which demonstrates strong public support for investment in older adults.