

Upcoming Update Calls. More analyses of what's going on with Delta and what it means for aging services providers and a provider who dealt with a small breakthrough cluster. All calls are at 3:30 PM Eastern. On Monday, August 9, Dr. David Dowdy of Johns Hopkins University will join the call. He's frequently quoted in the national media and will discuss breakthrough infections and how to prevent them, as well as share modeling on the surge and talk about who is getting sick and how sick they are getting. On **Wednesday, August 11**, we will talk with **Courtney Wood** from Masonicare in Connecticut. The organization had a small cluster of breakthrough infections in vaccinated residents. Courtney will talk with us about the experience and describe how the organization dealt with it. We hope her experience will help other members think about the steps they need to take to be ready for the possibility of breakthrough infections in terms of communication with residents, staff, and family members, as well as clinical steps and regulatory and reporting considerations. If you haven't registered for the calls, [you can do so here](#).

Choose Home proposal presents opportunities for providers across the continuum. [Here](#) is a brief explanation of the Choose Home Act, which was introduced in the Senate last week. In addition to providing opportunities for Home Health members of LeadingAge, it is likely that if it were enacted, the program would serve residents of assisted living, affordable housing, and other residential settings through partnerships. Choose Home could offer Medicare beneficiaries increased choices and tighten the safety net for older adults as they leave the hospital.

Chairman Wyden and Finance Committee Members Brown and Warren Send Letter on Private Equity in Hospice. Senator Wyden, Chairman of the Senate Finance Committee, along with committee members Sherrod Brown (D-OH) and Elizabeth Warren (D-MA) sent a letter to Kindred at Home asking for a number of pieces of information about their business practices related to their purchase by two private equity firms. The Senators also outlined their concerns about private equity in hospice generally. The press release and link to the letter can be found at <https://www.finance.senate.gov/chairmans-news/wyden-brown-warren-probe-private-equity-ownership-of-kindred-at-home>

HRSA Responds to LeadingAge Plea for PRF Funds to be Released: Katie received a reply to her letter to HRSA Acting Administrator Diana Espinosa requesting the remaining PRF funds be released immediately. The unsatisfactory response provides a history of PRF that have been distributed to date and indicates, "HHS is committed to distributing the remaining provider relief payments as quickly and equitably as possible while utilizing effective safeguards to protect taxpayer dollars." Espinosa offers no date certain in which providers can feel confident that further relief will be on its way. The full text of the letter can be read [here](#).

HHS Webinar on monoclonal antibodies. Please join an important webinar on Tuesday August 10th focusing on how monoclonal antibodies and other therapeutics can help prevent serious illness from COVID-19. This webinar will feature Michael R. Anderson, MD, a Senior Advisor to HHS' Assistant

Secretary for Preparedness and Response (ASPR). Dr. Anderson will share updates on available COVID-19 therapeutics including medication efficacy, new administration routes and novel treatments in the pipeline, fee reimbursement resources, and provider and patient tools and fact sheets. Dr. Anderson and HRSA representatives will also be available for a Q&A to answer providers' questions about these important COVID-19 therapies.

The Critical Role of Monoclonal Antibodies as the COVID-19 Pandemic Continues

Tuesday, August 10

4:00-5:00 p.m. ET

[Join the day of the session](#)

If you prefer to join by phone: 833-568-8864

When prompted, enter meeting/webinar ID: 160 055 0780 and passcode: 828587

ACL/HHS Webinar on Dealing with Major Disasters. ACL announced that it is partnering with FEMA to offer the "Ready Seniors Webinar Series," beginning with a webinar on Wednesday August 25 from 1:00 – 4:00 PM ET. Recommended for emergency planners for nursing homes, assisted living, senior centers, senior housing, adult day programs, and others who serve older people, the workshop aims to prepare organizations that provide critical support to older people during a major disaster (fires, hurricanes, etc.) in their community. Information and registration details are [here](#).

Update on Employee Leave Provisions During COVID. As COVID case numbers surge dramatically, LeadingAge members have asked for an update on employee leave provisions, in case staff test positive, have a family member who tests positive or is ill, or have to miss work for other reasons related to COVID. Here's a quick review of the state of the play with employee leave provisions, including those expired, soon to expire, and still in effect.

Families First Coronavirus Response Act (FFCRA)

The FFCRA was enacted in March 2020. The FFCRA required mandatory paid leave (Emergency Paid Sick Leave Act and Emergency Family Medical Leave Extension Act) for employees related to COVID-19. The provisions applied to employers with 500 or fewer employees

The FFCRA leave provisions were structured as a refundable tax credits for employers to cover 2 weeks of sick leave and up to 10 weeks of Emergency Family Medical Leave. There were six qualifying conditions for this leave.

The FFCRA leave provisions **expired** on December 31, 2020

American Rescue Plan Act (ARPA)

Effective April 1, 2021, the ARPA extended the tax credits available under FFCRA on a **voluntary** basis for qualifying events. This extension also added three additional qualifying conditions for the leave provisions. See the [IRS guidance and overview](#) of the ARPA for more details.

These leave benefits and tax credits were **extended through September 20, 2021**.

Occupational Safety and Health Administration Emergency Temporary Standard (OSHA ETS) - Medical Removal Protection Benefits

Under the [OSHA ETS for healthcare settings](#) providers must pay regular pay and benefits, up to \$1,400 per week, for employees that miss work due to a COVID-19 diagnosis or known exposure to those with COVID-19.

This ETS applies to healthcare settings with more than 10 employees. The medical removal benefit applies unless the employee meets return to work criteria or refuses to be tested for COVID-19. For employers with less than 500 employees, that amount is reduced beginning in the third week of removal to two-thirds of the regular pay and benefits, up to \$200 per day

Providers may require use of paid sick leave, PTO, or other applicable leave under your policies and procedures.

Employers must provide “reasonable time and paid leave” to any employee who receives a COVID-19 vaccine and/or experiences side effects following vaccination. The ETS does not define or give examples of “reasonable time or paid leave”

SBA Direct Forgiveness Portal Open. For those who took Paycheck Protection Loans of less than 150k, you can apply to work with the SBA directly on forgiveness rather than going through your lender at <https://directforgiveness.sba.gov/requests/borrower/login/?next=/>

LeadingAge Sends Letter of Support for Health Professions Career Legislation. Today, LeadingAge sent a letter of support to the House Ways and Means Worker and Family Support Subcommittee Chairman Danny K. Davis (D-IL), for reintroducing the bipartisan Pathways to Health Careers Act (H.R. 4449). The bill incorporates several individual bills designed to improve the Health Profession Opportunity Grant (HPOG) Program. It also reauthorizes the HPOG Program and expands it to provide a guarantee that all states and DC, and the U.S. Territories and tribal communities, would be eligible for this funding opportunity. The HPOG Program awards grants to low-income recipients, and trains them for in-demand health care jobs. Participants have access to supportive services like child care, transportation and career coaching, which helps to ensure high completion rates and potential for job placement and retention. Expanding HPOG could help support a pipeline for direct care professionals. You can access a copy of the letter [here](#).

CDC Extends Eviction Moratorium in High Transmission Counties. Today, the CDC issued a new Order temporarily halting evictions in counties with heightened levels of community transmission “in order to respond to recent, unexpected developments in the trajectory of the COVID-19 pandemic, including the rise of the Delta variant.” The Order is intended to target specific areas of the country where cases are rapidly increasing, which likely would be exacerbated by mass evictions. Landlords and owners may not evict covered individuals (people who declare under penalty of perjury they meet six threshold requirements, including having made “best efforts to obtain all available government assistance for rent or housing”) in counties experiencing substantial or high levels of community transmission, as defined by the Order. The August 3 Order expires on October 3, 2021, “but is subject to further extension, modification, or rescission based on public health circumstances.” Read the Order [here](#). The CDC site includes resources available for renters and landlords to cover missed rent payments, utilities, and rental income during the pandemic. Click here to view the [rental assistance program](#). The Consumer

Financial Protection Bureau [released a toolkit on rental assistance](#) on July 28, as well as [resources to help consumers with housing costs](#).

Follow up from Previous Update Call; One Member’s Vaccine Mandate Communication Tools. In response to member inquiry and following his appearance on our daily call, Mark Beggs, CEO of [Edenwald Senior Living](#) (Townson, MD) has made available the six communication tools he created to institute a staff vaccine mandate in his community. These include a [first](#) and [second](#) email announcement; an email announcement for a [staff discussion](#); a [mandate policy](#); and [religious exemption](#) and [request for medical accommodation](#) forms. He has given permission to share these resources and they are intended as helpful member to member templates only. Note, these are not created by LeadingAge; they are one member’s materials.

FROM HHS:

Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings: CDC released an MMWR on [the outbreak of SARS-CoV-2 infections, including COVID-19 vaccine breakthrough infections, associated with large public gatherings](#) in Barnstable County, Massachusetts in July, 2021. Variants of SARS-CoV-2 continue to emerge. The B.1.617.2 (Delta) variant is highly transmissible. In July 2021, following multiple large public events in a Barnstable County, Massachusetts, town, 469 COVID-19 cases were identified among Massachusetts residents who had traveled to the town during July 3–17; 346 (74%) occurred in fully vaccinated persons. Testing identified the Delta variant in 90% of specimens from 133 patients. Cycle threshold values were similar among specimens from patients who were fully vaccinated and those who were not. Jurisdictions might consider expanded prevention strategies, including universal masking in indoor public settings, particularly for large public gatherings that include travelers from many areas with differing levels of SARS-CoV-2 transmission. CDC Director Rachele Walensky, MD, MPH, released an accompanying statement on the MMWR.

FDA Updates FAQ on COVID-19 Vaccines and the Approval Process: FDA [announced](#) that this week it added three new frequently asked questions (FAQs) on COVID-19 vaccines and the approval process. The FAQs can be found [here](#) and the questions include: Is an approval (or biologics license approval) different from an emergency use authorization? Does it change the availability of COVID-19 vaccines? How long will it take to approve COVID-19 vaccines? How important is it to make sure approved vaccines are available versus other public health measures? Do you have the resources to do this quickly?

U.S. Department of the Treasury Policy Statement on State and Local Fiscal Recovery Funds and Individual Vaccine Incentives: The Department of Treasury [released a policy statement on state and local fiscal recovery funds and individual vaccine incentives](#). The American Rescue Plan dedicated a historic \$350 billion to helping state, territorial, and local governments respond to the pandemic and its negative economic impacts, in the form of the State and Local Fiscal Recovery Funds program (SLFRF). Under the [Interim Final Rule](#), recipients may [use Coronavirus State and Local Fiscal Recovery Funds](#) to respond to the COVID-19 public health emergency, including expenses related to COVID-19 vaccination programs. Programs that provide incentives reasonably expected to increase the number of people who choose to get vaccinated, or that motivate people to get vaccinated

sooner than they otherwise would have, are an allowable use of funds so long as such costs are reasonably proportional to the expected public health benefit.

To Enable More Vaccinations, Treasury Expands Paid Leave Tax Credit: The Department of Treasury [released information on an expansion of the Paid Leave Tax Credit](#). Eligible employers can claim tax credits equal to the wages paid for providing paid time-off to employees to take a family or household member or certain other individuals to get vaccinated, or to care for a family or household member or certain other individuals recovering from the vaccination. Comparable tax credits are also available for self-employed individuals.

Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace: OSHA updated [guidance on mitigating and preventing the spread of COVID-19 in the workplace](#). This guidance is intended to help employers and workers not covered by the Occupational Safety and Health Administration's (OSHA's) COVID-19 Emergency Temporary Standard (ETS) to identify COVID-19 exposure risks to workers who are unvaccinated or otherwise at-risk, and to help them take appropriate steps to prevent exposure and infection.

HUD Encourages Eviction Prevention, Clarifies Access to Emergency Rental Assistance. With the expiration of the federal eviction moratorium for non-payment of rent, millions of renter households remain behind on rent and at-risk for losing their housing. HUD has encouraged housing providers to avoid evictions where possible and help residents access emergency rent relief. The agency has published a Q&A segment on [emergency rental assistance access](#) for HUD assisted residents and is pointing housing communities to an online [rent relief tool](#). LeadingAge previously compiled [eviction prevention resources](#), including a tenant guide to repayment plans and sample repayment agreements for housing providers.

Word from Washington. Infrastructure legislation filed. Sunday evening, after an extraordinary Senate weekend session, the bipartisan group of senators negotiating the “roads and bridges” infrastructure legislation filed their [2700 page bill](#), and on Monday the Senate began debate on the substance. This bill is part of the two-track infrastructure process winding its way through both houses of Congress (starting in the Senate). While this bill does not directly impact the aging services community, it contains important broadband provisions that will benefit our members in rural and other underserved areas, as well as low income users. The bill creates a \$65 billion grant program for states with underserved areas; and extends the Emergency Broadband Beneficiaries program and renames it Affordable Connectivity Program, providing financially eligible households a \$30 per month internet subsidy.

The bill also is supposed to be fully offset, and we were concerned that Medicare sequestration and unused COVID relief funds would be used to the detriment of LeadingAge members. Last week LeadingAge sent a strongly worded letter to Congress urging against these offsets. The bill does include both but does not include unexpended provider relief funds, which is a critical success. It does rescind unused funds from the Economic Injury Disaster Loan (EIDL) program and terminates early the employee retention credit administered by Labor.

Leader Schumer has indicated that he wants a vote on this bill before the Senate recesses for August-September, along with a vote on the budget resolution needed for the “care infrastructure”

legislation. Assuming the Senate passes this bill and the budget resolution, the House would need to return from recess to complete the process.

We will continue advocating for robust funding for the Medicare and Medicaid programs and workforce in the care infrastructure legislation.

LeadingAge Joins 400 Organizations to Ask Congress to Address Telehealth Cliff. On July 26, 2021, LeadingAge joined more than 400 organizations to send a letter to Congress to urge policymakers to address the “telehealth cliff.” If Congress does not act before the end of the COVID-19 public health emergency (PHE), Medicare beneficiaries will lose access to telehealth services options which have become a lifeline to many. The letter calls for Congress to advance permanent telehealth reform focused on specific priorities:

- Removing arbitrary geographic and originating site restrictions on where a patient must be located in order to utilize telehealth services, and allow them to receive virtual care in their homes or a clinically appropriate location of their choosing;
- Ensuring federally qualified health centers, critical access hospitals, and rural health centers can furnish telehealth services can provide telehealth after the PHE;
- Authorizing the Secretary to allow additional telehealth practitioners, services, and modalities; and
- Removing restrictions on telemental health services, and notes the importance of including audio-only services, when clinically appropriate.

The letter was co-led by the Alliance for Connected Care, American Telemedicine Association, Consumer Technology Association, eHealth Initiative, HIMSS, Health Innovation Alliance, Partnership to Advance Virtual Care, and PCHAlliance. You can read the letter [here](#).

Creating Opportunities, Together. The 2021 LeadingAge Annual Meeting & EXPO is designed to provide customized experiences that meet the needs of all our members. No matter what you and your organization need to move forward, you’ll find it this fall in Atlanta:

- **A robust education program** includes new topics and in-depth analysis around the issues we know are important to you and your organization. 120+ sessions across 10 program tracks.
- **Unmatched networking opportunities** where you can share successes, crowdsource solutions to common struggles, gather ideas, and brainstorm with people who share your passion for providing the very best care.
- **Opportunities to find new partners** that can boost your organization’s efficiency, level of service, and bottom line. Whether you’re looking for help with technology, staffing, marketing, or something else entirely, this is your chance to forge new connections with trusted companies that understand our field.

[Learn more and register for the 2021 LeadingAge Annual Meeting + EXPO today!](#)

