

**Highlights for LPCs:**

**NIC: Wave 41 Survey Results Released.** Yesterday, NIC released the [findings](#) of its most recent Executive Insight Survey, known as Wave 41. Resident acuity of need upon move-in was reported, and all levels of care reported increases since the pandemic: 71% in AL, 62% in nursing, 61% in memory care and 41% in IL. Staffing shortages were reported to be less severe than in previous surveys, with 77% of respondents now reported their shortages as “moderate.” Reasons for the staffing shortages were reported as “attracting and retaining staff,” 83%; “rising operating costs,” 80%; and “staff turnover,” 63%. In terms of vacant positions, one-third of survey participants had less than 20% of their full-time positions unfilled, and 40% of participants had more than 20% of their FT positions unfilled. A new question was added about the CMS nurse aide training waiver; 43% reported that they have used the waiver to employ aides for more than 4 months without completing all required trainings, and 58% said that the cessation of the waiver would have a “moderate” impact on their staffing. The survey also reflected continuing improvement in move-ins at all levels; participants reported a 36% (IL), 53% (AL), 51% (MS) and 78% (SNF) acceleration in move-ins for the month of May. Only nursing homes showed a commensurate increase (27%) in move outs as compared to the last survey, 23%. Finally, 53% of participants reported that lead volumes were above pre-pandemic levels, indicating that the positive trends in occupancy will likely continue this quarter.

**Ziegler: Four LPC Trends to Watch.** On Friday, Ziegler published a short [article](#) that profiled both the history and future of the LPC model. From a historical perspective, the distinction between ‘purpose-built’ and ‘non-purpose built’ LPCs was defined; today, 59% of LPCs were designed to offer the full continuum, and the remaining 41% evolved from humbler beginnings into the present form. Four trends that are observed as LPCs evolve include: 1) name and branding changes, 2) skilled nursing changes, reductions, or closures, 3) contract diversification, and 4) scale. Trends in affiliation and acquisition were also briefly discussed, and relatedly, the number of LPC multi-sites has increased. The growing prevalence of higher-acuity AL (where permitted by regulation, predominantly in the western US states) and newly-built LPCs without SNFs signal other important changes – or challenges – the LPC definition.

**LPC May Member Network Call Materials.** Our May meeting focused on the topic of ‘behavioral and mental health interventions for older adults, and featured an expert panel that included Kathy Cameron, NCOA; Joel Miller, National Coalition for Mental Health and Aging ; and Dr. Bill Mansbach, the BCAT and Counterpoint research groups. You can find the recording [here](#) and the slides [here](#).

**Unclaimed Phase 4 Provider Relief:** HRSA notified us today that a number of providers have a PRF Phase 4 payment available but have not set up an Optum Pay account, which allows HRSA to distribute them funds to the provider. HRSA indicates that UnitedHealth Group (via the email address: [UHG\\_HRSA@ProviderEmail.uhc.com](mailto:UHG_HRSA@ProviderEmail.uhc.com)) has contacted providers, for which this situation applies, multiple times. Providers who believe they are eligible to receive or have received notice that a Phase 4 payment is pending can set up an Optum Pay Account by going to: <https://myservices.optumhealthpaymentservices.com/beginEnrollment.do>. It can take up to 2 weeks to complete this enrollment process and then an additional two weeks for the funds to be

available within the providers' accounts. Members can reach out to Nicole at [nfallon@leadingage.org](mailto:nfallon@leadingage.org) if they have questions.

**UsAgainstAlzheimer's Launches Free Brain Health Academy.** The nonprofit UsAgainstAlzheimer's has launched a new series of free online courses to equip healthcare providers and wellness professionals with the knowledge and resources to help people reduce their risk of Alzheimer's and related dementias. The Academy includes six courses covering the science and interventions to address modifiable risk factors for dementia, including nutrition, sleep, social isolation and loneliness, physical inactivity and hypertension. Courses were designed in partnership with the Centers for Disease Control and Prevention along with the American College of Lifestyle Medicine, and the American Heart Association. The hour-long courses will be offered on the second Wednesday of each month starting June 15, 2022, from 1:00-2:00 PM ET through November 16, 2022. [To learn more and register for courses click here.](#)

### ***COVID-19 Related Updates:***

**COVID-19 Funding Action Alert.** Congress Must Pass New COVID-19 Funding Now! With COVID-19 cases, test positivity rates, and hospitalizations again on the rise, the country is not past the pandemic. Now is the time to ask Congress to fully fund additional support for the nation's ongoing efforts to fight COVID-19—especially for older adults who have been disproportionately affected by the pandemic.

Experts are predicting new surges in the late Summer and Fall but additional funding is needed to make sure the country has enough vaccines, boosters, tests, and treatments to meet projected needs. We know the tools we need to confront COVID-19; Congress must act now so communities across the nation are prepared to deal with the coming surges.

We must ensure that test kits and testing locations remain available and accessible to everyone who needs them and that vaccines (including boosters) are readily available and robustly promoted. Treatments and therapeutics must also be easy to find and access, while research to find new tests, vaccines, and treatments continue.

Please take two minutes to write to your members of Congress now and advocate for more COVID-19 relief. Link: <https://www.votervoice.net/LeadingAge/campaigns/94910/respond> Thank you!

### ***Advocacy Updates and Hill News:***

**Congressional Update.** Although the House and Senate are in recess this week, there's no shortage of work left to be done before Congress adjourns ahead of the midterm elections. What began as the Build Back Better plan is now being reshaped into a much narrower, inflation-fighting measure that would amount to a fraction of the spending in the original bill. According to recent reporting, the new framework being discussed by the Administration and Congressional leaders would raise about \$1 trillion in revenue and spend roughly \$500 billion over the next decade, with the remainder of the new revenue being applied to reduce the deficit. Senator Joe Manchin of West Virginia, who brought a halt to the measure back in December, has been discussing a revised bill with Majority Leader Chuck Schumer from New York. This new framework would focus on clean energy tax credits, higher taxes on

the wealthy, as well as provisions to lower prescription drug costs that could potentially include authorizing Medicare to negotiate drug prices, capping insulin costs at \$35 per month, and allowing the importation of drugs from Canada.

The latest news out of Congress on COVID funding is that the \$10 billion agreement will need to be renegotiated because some of the money designated to pay for it has already been spent. Dr. Cameron Webb, a member of the White House's COVID-19 Task Force, made it clear this morning just how important additional COVID funding will be, particularly if we want to be at the front of the line to procure the latest vaccines in the pipeline, not to mention more testing, PPE, and therapeutics like Paxlovid. As House and Senate leaders try to forge a path forward on a revised agreement, we will keep you up to date on the latest developments.

**Department of Labor Reports job openings at record highs.** Today the U.S. Department of Labor, Bureau of Labor Statistics released the [April Job Openings and Labor Turnover Report](#). Key findings for the month of April were:

- Job openings decreased slightly to 11.4 million. The largest decrease in job openings was in health care.
- 4.4 million people quit their jobs.
- New hires and separations held steady at around 6.6 million and 6 million respectively.

**Senators Release Draft Mental Health Care Telehealth Proposal.** Four Senators on the Senate Finance Committee released a bipartisan discussion draft, as part of the committee's ongoing work to advance legislation that strengthens mental health care across the nation. The discussion draft, "[Telemental Health Access to Care Act](#)," sponsored by Chairman Ron Wyden (D-OR), Ranking Member Mike Crapo (R-ID), Senator Ben Cardin (D-MD) and Senator John Thune (R-SD), includes a public call for comments. The policies would:

- Remove Medicare's in-person visit requirement for telemental health services.
- Establish benefit transparency for mental health care services delivered through telehealth to inform Americans with Medicare how and when they can access telehealth.
- Preserve access to audio-only mental health coverage in Medicare, when necessary and appropriate. Also, require the National Academy of Medicine to conduct an evaluation and submit a report on mental health services furnished via audio-only telecommunications systems, within 5 years after enactment.
- Direct Medicare and Medicaid to promote and support provider use of telehealth.
- Incentivize states to use their Children's Health Insurance Program (CHIP) programs to establish and improve in-person and virtual mental health care services in schools.

Ranking Member Crapo emphasized in the Finance Committee's [press release](#), "The Finance Committee took crucial first steps toward modernizing telehealth coverage for mental health services in late 2020, and I look forward to building on those efforts through this bipartisan process." The committee's five areas of focus for addressing shortfalls in mental health care include: workforce, care integration, mental health parity, telehealth and youth.

**Introduction of the Connecting Rural Telehealth to the Future Act.** Reps. Adrian Smith (R-NE), Tom O'Halleran (D-AZ), and Kelly Armstrong (R-ND) have introduced bipartisan legislation to enable rural health providers to continue operating and treating patients by extending telehealth flexibilities implemented during the COVID-19 Public Health Emergency (PHE). The legislation, the Connecting Rural Telehealth to the Future Act ([H.R. 7876](#)), would extend certain telehealth flexibilities for two years, giving patients and providers certainty while Congress works to make them permanent.

The Connecting Rural Telehealth to the Future Act would:

- Extend all temporary telehealth provisions included in the FY22 omnibus through December 31, 2024;
- Permanently allow the use of audio-only technologies when providers are evaluating or managing patient health or providing behavioral health services;
- Restore Rural Health Clinic and Federally Qualified Health Clinic reimbursements for telehealth services to their normal reimbursement methods; and
- Extend allowance for Critical Access Hospitals (CAHs) to directly bill for telehealth services.

The Alliance for Connected Care, of which LeadingAge is a member, strongly supports this legislation that would allow rural health providers to continue to provide telehealth services after the PHE ends and extends some of the most important flexibilities permitted during the PHE

**White House Releases Mental Health Fact Sheet:** The White House released a [fact sheet](#) on all of the Administration's efforts to date on their strategy to address the National Mental Health Crisis.

**HHS Launches Office of Environmental Justice.** This week the Department of Health and Human Services (HHS) [launched](#) an Office of Environmental Justice (OEJ) to better protect the health of disadvantaged communities and vulnerable populations on the frontlines of pollution and other environmental health issues. The new office is [seeking public comment](#) on a draft outline of the 2022 HHS Environmental Justice Strategy and Implementation Plan by June 18, 2022. The OEJ is tasked with:

- Leading initiatives that integrate environmental justice into the HHS mission to improve health in disadvantaged communities and vulnerable populations across the nation.
- Developing and implementing an HHS-wide strategy on environmental justice and health.
- Coordinating annual HHS environmental justice reports.
- Providing HHS' Office of Civil Rights with environmental justice expertise to support compliance under Title VI of the Civil Rights Act of 1964.
- Promoting training opportunities to build an environmental justice workforce.

### ***News from LeadingAge:***

**Financial Status of Provider Services Poll.** LeadingAge is taking a quick pulse-check to gather information on the financial situation of the nursing homes, assisted living, and HCBS services our member organizations offer. Your answers will not be associated with your organization and will only be reported in aggregate. [Please take a few moments to complete the survey.](#)

**It's Not Too Late: Nominate Someone for a LeadingAge Award Today!** The LeadingAge annual awards honor individuals who embody excellence in mission-focused aging services leadership, are models of quality and innovation, and are making outstanding contributions to our field that merit national recognition. Nominations are currently being accepted in three categories: [Award of Honor](#), [RWJF Award for Health Equity presented by LeadingAge](#), and [Joan Anne McHugh Award for Leadership in LTSS Nursing](#). Submit your nomination by June 17, 2022. [Learn more about the award criteria and nomination process.](#)

**Collaborative Care Tech Summit: June 7-8, 2022.** How can the long-term and post-acute care (LTPAC) sector save hundreds of staff hours, streamline processes, speed up recruitment, and transform cost savings into increased team satisfaction and engagement? Join technology leaders at the [Collaborative](#)

[Care Tech Summit](#) to learn how to address the unprecedented workforce challenges facing our sector through smart collaboration, technology, and innovation.