

LPC Weekly Report

Friday, July 1 2022



Highlights for LPCs:

Provider Relief Reporting Period 3 Starts Friday, July 1. Providers who received PRF from January 1 – June 30, 2021 (last year) will need to submit reports on the use of those funds no later than September 30, 2022 at 11:59 p.m. ET. The reporting portal will open for reporting on these funds on Friday, July 1. Providers have until June 30, 2022 to spend the funds received. HRSA has indicated that it will not be updating the reporting guidance for Reporting Period 3. Its resources can be found [here](#). Now is a good time for member organizations to determine who will be responsible for reporting on which funds so there is no confusion and all reports are submitted by the deadline. Nursing homes should remember that they are the only entity that can report on the Nursing Home Infection Control incentive payments they received in January and February 2021, even if those funds were transferred to another part of their organization.

HRSA Announces special opportunity for providers who returned funds in Reporting Period 1. HRSA has sent a communication to providers who failed to report for Reporting Period 1 (RP1) funds (PRF received between April 10 – June 30, 2020) and as such returned the applicable funds before HRSA announced an opportunity for providers to submit a late reporting request. For these eligible providers, HRSA is offering to have their RP1 payment reissued if the provider completes a process to submit a late RP1 report. These providers will be able to submit a late report request for these RP1 funds between July 18 and July 29, 2022 at 11:59 p.m. ET. HRSA will send a link to eligible providers in the coming weeks. It is anticipated that funds will be reissued in October 2022 for those providers who complete the late reporting process for RP1. Providers can contact the Provider Support Line at 866-569-3522 with questions but should check their email boxes including spam folders for the email from HRSA that contains additional details about the process.

National Aging and Disability Transportation Center (NADTC) Trends Report. The [Annual Trends Report](#) reviews important topics in transportation from 2021, including an overview of Public Transit and Passengers with Alzheimer's or Dementia, and Rural Volunteer Transportation Programs.

988 Lifeline Transition Begins July 16. The U.S. will begin transitioning from using the 10-digit National Suicide Prevention Hotline number to a three-digit (988) number beginning on July 16. To help spread the word about the new 988 number, the Substance Abuse and Mental Health Services Administration has added downloadable print files for wallet cards, magnets, and posters to its [988 Partner Toolkit](#). The toolkit already includes [logo and brand guidelines](#), key messages, frequently asked questions, fact sheets (English and Spanish), radio PSA scripts (English and Spanish), and more. SAMHSA is also working to make the print materials available for ordering from the SAMHSA store and will be adding social media shareables by mid-July about the basics of 988.

COVID-19 Related Updates:

FROM HHS:

- 1. Pfizer COVID-19 Vaccine Secured for Fall Vaccine Campaign:** The U.S. Department of Health and Human Services (HHS), in collaboration with the Department of Defense, [announced an agreement to purchase 105 million doses of Pfizer's COVID-19 vaccine for a fall vaccination campaign](#), with

options for up to 300 million doses. The contract announcement follows a June 28 meeting of the U.S. Food and Drug Administration's (FDA's) Vaccines and Related Biological Products Advisory Committee meeting, which recommended the inclusion of an Omicron component for COVID-19 booster vaccines in the U.S. The HHS Secretary Xavier Becerra shared that, "Vaccines have been a game-changer in our fight against COVID-19, allowing people to return to normal activities knowing that vaccines protect from severe illness."

2. **Inclusion of Omicron BA.4/5 Component for COVID-19 Vaccine Booster Doses:** The U.S. Food and Drug Administration's independent experts on the [Vaccines and Related Biological Products Advisory Committee met to publicly discuss whether a change to the current vaccine strain composition of COVID-19 vaccines for booster doses](#) is necessary for the 2022 fall and winter seasons. Following the vote, and striving to use the best available scientific evidence, FDA has advised manufacturers seeking to update their COVID-19 vaccines that they should develop modified vaccines that add an Omicron BA.4/5 spike protein component to the current vaccine composition to create a two component (bivalent) booster vaccine, so that the modified vaccines can potentially be used starting in early to mid-fall 2022.
3. **Evusheld Self-life Extension:** The FDA and HHS/ASPR [announced the authorization](#) of an extension to the shelf-life from 18 months to 24 months for specific lots of the refrigerated AstraZeneca monoclonal antibody, Evusheld (tixagevimab co-packaged with cilgavimab). Evusheld is currently authorized for emergency use for pre-exposure prophylaxis of COVID-19 in certain adults and pediatric individuals. The agency granted this extension following a thorough review of data submitted by AstraZeneca. As a result of this extension, some batches may be stored for an additional 6 months from the labeled date of expiry (see Table 1 [here](#)). This extension applies to all unopened vials of Evusheld that have been held in accordance with storage conditions detailed in the authorized [Fact Sheet for Health Care Providers](#) and the EUA [Letter of Authorization](#) for Evusheld.
4. **REGEN-COV Shelf-life Extension:** The FDA [authorized an extension](#) to the shelf-life from 24 months to 30 months for specific lots of the refrigerated Regeneron monoclonal antibodies, casirivimab and imdevimab, administered together or REGEN-COV. Due to the high frequency of the Omicron variant and its subvariants, REGEN-COV is not currently authorized in any U.S. region. Therefore, REGEN-COV may not be administered for treatment or post-exposure prevention of COVID-19 under the Emergency Use Authorization until further notice by the Agency. However, it is the recommendation of the U.S. Government that product be retained in the event that future SARS-CoV-2 variants, which may be susceptible to REGEN-COV, emerge and become prevalent in the U.S.

Advocacy Updates and Hill News:

TNA Workforce Action Alert for members. *Ask Congress to Keep Temporary Nursing Assistant (TNA) Flexibilities!* Representatives Brett Guthrie (R-KY), Madeleine Dean (D-PA), and David McKinley (R-WV) introduced H.R. 7744, the *Building America's Health Care Workforce Act*, in response to CMS's announcement earlier this year that it would roll back certain waiver modifications implemented at the beginning of the pandemic, and require all training and certification requirements for certified nursing assistant (CNA) trainees to be completed by early October. If enacted, the *Building America's Health Care Workforce Act* would extend the TNA flexibility for 24 months, enable TNAs to continue working in their current roles, and put their on-the-job experience and training toward the 75-hour federal CNA training requirement. Please take a few minutes to add your voice to the many providers asking Congress to support these critical flexibilities that allow adequate direct care workers to provide services for older adults in need. [Take Action via this link.](#)

LeadingAge Participates in Meeting with Dept of Education on K-12 Workforce Engagement. Today, LeadingAge LTSS Center and Policy Team staff, and LeadingAge Member, Jeff Farber, president and CEO, New Jewish Home, participated in a virtual meeting with Jessica Cardichon, Deputy Assistant Secretary, Department of Education (DOE), Office of Planning, Evaluation, and Policy Development and Emily Lamont, Special Assistant, DOE, Office of Career Technical and Adult Education. The meeting was an opportunity to discuss how LeadingAge could partner at the federal level on the need to train workers, and how to entice students into aging services careers at the primary, elementary and high school levels. The meeting also allowed LeadingAge to share an overview of a few successful programs that work with Community Colleges to provide allied health training, and successful LPN programs in high schools.

The meeting with DOE was catalyzed by the President's comments in the State of the Union and in March where he called for a nursing home quality initiative. LeadingAge wrote a letter to the White House and copied Secretaries of many departments, including the Department of Education, saying we need a whole government focus. We also pointed out, the President's initiative had to ensure there were enough workers, and he had to make sure workers are adequately trained and paid fairly. Jeff Farber highlighted the New Jewish Home's Geriatric Career Development (GCD) program. GCD partners with 10 public high schools in Harlem and the Bronx, helping to train sophomore, junior and senior high school students to receive allied health certifications. Jeff also requested the DOE consider replicating the GED program, that has graduated over 1,000 students, over 16 years, and many of whom are first generation immigrants.

DOE officials agreed that the aging services workforce is an excellent place to focus on training programs. They are working with the Departments of Labor and Commerce on an initiative called Career Connect and agreed to set up a time for LeadingAge to meet with staff from the other two departments, noting especially that DoL is very interested in new types of apprenticeship programs.

State Approaches to Increase Home and Community-Based Service (HCBS) Provider Capacity: Despite the growing reliance on HCBS, there is a shortage of available direct care workers (DCWs) to provide HCBS. As a result, state Medicaid agencies may struggle to connect beneficiaries in the community to adequate services. A recent MACPAC report identified "leveraging Medicaid managed LTSS programs" as a primary opportunity for addressing these challenges through contract requirements. This [tool](#) is intended to provide State Medicaid agencies with examples of how to encourage or require managed care entities (MCEs) and Dual-eligible Special Needs Plans (D-SNPs) to support state HCBS capacity building efforts.

Some Workforce Wins for LeadingAge in House Appropriations bill for HHS. The House Appropriations Committee today released its reports accompanying the fiscal year 2023 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations bill, and its revised fiscal year 2023 subcommittee allocations. The LeadingAge Policy Team is currently reviewing the Committee Report, and highlighted a few notable HHS healthcare workforce allocations that appear in the Committee's report:

- \$3 million to fund a **Direct Care Workforce Demonstration Project**, to reduce barriers to entry for a diverse and high-quality direct care workforce, including providing wages, benefits, and advancement opportunities needed to attract or retain direct care workers.
- An additional \$3 million above the FY 2022 level for the **Geriatrics Workforce Enhancement Program** (GWEP). The program supports training to integrate geriatrics into primary care delivery and develops academic primary care-community based partnerships to address gaps in health care for older adults.
- \$15 million to support **Crisis Workforce Development Service Models**, and more effective use of the behavioral health workforce by stabilizing individuals experiencing behavioral health crises in less intensive settings.

- \$44 million increase above the FY 2022 funding level for **Title VII Nursing Workforce** development programs.
- \$25 million to develop activities for the **Preventing Burnout in the Health Workforce Program**, to provide comprehensive and evidence-based support to prevent suicide, burnout, and mental and behavioral health conditions among health care providers.

The FY 2023 appropriations bill was advanced by a voice vote in the Labor-HHS Subcommittee on Thursday, June 23, and the report will be considered at tomorrow's full Committee markup. The bill report is [here](#). The text of the draft bill is [here](#).

Congressional Report on OAA Funding Released. The Congressional Research Services [released](#) a report on the current structure and funding of the Older American's Act (OAA). LeadingAge supports and advocates for the funding of OAA and many LeadingAge members provide services to vulnerable older adults through this funding. In FY2022, there were twelve OAA-related congressionally directed spending items funded including projects "to expand services for seniors," "to address the shortage of home health aides," and "to support repairs and modification to senior facilities."

News from LeadingAge:

LeadingAge California Workforce Win – LA-CA Awarded \$25 Million CNA and HHA Pipeline Project.

LeadingAge California recently [announced](#) it has been awarded more than \$25 million to administer grants to expand on certified nursing assistant (CNA) and home health care aide (HHA) pipeline, development, training and retention programs. The grant awarded by the California Health and Human Services (CalHHS) Department of Health Care Access and Information (HCAI), for "The Gateway-In Project," will be administered over the next three years. The Gateway-In Project is expected to add 2,700 new CNAs and HHAs, by providing training and certification at no cost to the students, and additional incentives for retention at various intervals. Recipients will also be provided with stipends for transportation, food support, childcare, and career development. Some grantees will become dually certified CNAs and HHAs, and others will advance to LPN and RN training programs. For more information, visit the LeadingAge California [webpage](#).