



**Highlights for LPCs:**

**Only one week away!** The next LPC Advisory Group meeting, focused on market opportunities and growth, is on **Monday, August 30 2021, 2:00 PM Eastern**. To discuss this evolving and ever-relevant topic, we have a dynamic panel of experts: Nicole Fallon, LeadingAge; Dan Hermann and Lisa McCracken, Ziegler; Rich Navarro and Brad Paulis, Continuing Care Actuaries; and Joann Handy, strategic consultant. To register for the calls and receive the Zoom link, email Dee ([dpekruhn@leadingage.org](mailto:dpekruhn@leadingage.org)).

**HRSA Answers Some Key PRF Reporting Questions:** LeadingAge received a response to another series of questions it posed to HRSA to get some answers for members about key aspects of the Provider Relief Fund reporting requirements. These questions include answers to how HRSA is defining patient care revenue for life plan communities and assisted living, clarification on how providers should approach their lost revenue clarifications and considerations about when to report certain expenses. The information is contained in this [article](#), which should be on our website.

**Smart Planning for the Future of Your Organization.** Nonprofit boards of directors play a critical role in guiding our organizations through turbulent times. That's why LeadingAge has invested considerable time and energy developing new governance tools. The first, [Strategic Foresight and Strategy Development](#), offers a practical guide to help boards anticipate future changes, articulate them to stakeholders, and then take action. LeadingAge members receive a 50% discount on already reduced pricing for early adopters.

**Building a Better Workplace.** It takes thoughtful action to create a professional culture that is free from bias. In this [9-minute QuickCast](#), Ayana King outlines how we all can strive for a workplace that's more impartial. [Free for LeadingAge members.](#)

**COVID-19 Related Updates:**

**CMS announces plans to mandate vaccination for all nursing home staff.** Through an early release to CNN, CMS announced that they plan to mandate vaccination for all nursing home providers. A subsequent email from CMS included a [CMS press release](#) and [White House Fact Sheet](#), but noted that CMS cannot provide more details now. The press release indicates the new regulation will be issued in September. CMS leadership reached out to LeadingAge immediately prior to the CNN announcement and described the rulemaking as an Interim Final Rule. The press release terms it an emergency regulation. Here are the topline points in the CMS press release:

- High levels of staff vaccination link to fewer COVID-19 outbreaks among residents.
- CMS will release an emergency regulation requiring vaccination for all staff in nursing homes sometime in September.
- CMS will work closely with CDC, long-term care associations, unions and other stakeholders to advance policies that keep residents safe (presumably, this mandate).

- CMS will continue to analyze NHSN data to monitor compliance and will deploy the QIOs to educate and engage nursing homes with low rates of vaccinations.
- CMS expects nursing home providers to use all available resources to support employees getting vaccinated, including employee education and vaccination clinics.

In a strong [statement](#) right after the announcement, Katie Sloan noted LeadingAge has already encouraged providers to make vaccine a condition of employment. However, she added that penalizing nursing homes by withdrawing or withholding funding is not the right way to increase vaccination rates and would be a tragic misstep.

**Vaccine Mandates by State: Who is, and who isn't, and how?** LeadingAge has started to track the vaccine mandate trends in each state; to date, we find that 23 states have vaccine mandates; 7 states (so far) have vaccine mandate bans. Fourteen of the states with mandates have language specific to healthcare settings or long term care. Some states' mandates are strictly 'vaccinate or terminate;' others have a 'vaccinate or weekly testing' dichotomy. The tracking spreadsheet will be updated daily; you can read today's summary [here](#).

**CDC and White House announce plans for boosters.** Meanwhile, HHS public health and medical experts released a [joint statement](#) today on the plan for COVID-19 booster doses. HHS, CDC, and FDA continue to study data to understand how long vaccine protection lasts. Right now the only booster doses approved by FDA and the Advisory Committee on Immunization Practices (ACIP) are for immunocompromised people. CDC's independent advisory committee, the Advisory Committee on Immunization Practices, will continue to meet and discuss data on the evolution of the pandemic and the use of COVID-19 vaccines. ACIP will make further recommendations on the use of boosters for the public after a thorough review of the evidence. People who were fully vaccinated earliest in the vaccination rollout, including many health care providers, nursing home residents, and other seniors, will likely be eligible for a booster.

**David Grabowski to appear on LeadingAge Coronavirus Update Call on Monday. More mandate discussion and talk about maintaining staff morale on Wednesday.** On **Monday, August 23 at 3:30 PM ET**, David Grabowski, Professor of Health Care Policy at Harvard Medical School and widely covered national commentator and expert on nursing home policy will join the Update Call to talk about the vaccine mandate plans announced by CMS on August 18. David has deep knowledge of long-term care issues and a deep and clear understanding of providers. We'll chat about other hot policy and operational topics as well.

**COVID-19 Vaccines Additional Doses: Codes & Payment.** The FDA amended the emergency use authorizations (EUAs) for both the [Pfizer BioNTech COVID-19 vaccine](#) and the [Moderna COVID-19 vaccine](#) to allow for an additional dose in certain immunocompromised people. Effective August 12, 2021, CMS will pay to administer additional doses of COVID-19 vaccines consistent with the FDA EUAs, using [CPT code 0003A](#) for the Pfizer vaccine and [CPT code 0013A](#) for the Moderna vaccine. CMS will pay the same amount to administer this additional dose as they did for other doses of the COVID-19 vaccine (approximately \$40 each). CMS will hold and then process all claims with these codes after we complete claims system updates (no later than August 27).

**Notes from meeting with CDC on prioritizing assisted living, memory care, affordable housing, and other providers for boosters.** We participated in a small meeting with CDC today on the

work they are currently engaged in to ensure that providers in other aging services settings are prioritized and know the steps they need to take to arrange for boosters. They encourage providers to start now, with the expectation the ACIP and FDA will approve boosters in September. Topline points are summarized below. When we shared these notes with CDC they added [additional information and links](#) to resources providers can use. More information will be available as plans are solidified. This is an opportunity to help shape the HHS plans.

- There are no plans to bring clinics into any provider organizations, as was done with the original Pharmacy Partnership.
- This has to happen now, but no one can activate any plans until the FDA and the ACIP make a recommendation about boosters. Right now, this has only happened for immunosuppressed individuals.
- Most people will need boosters around 8 months after they were fully vaccinated.
- Clearly CDC recognizes that aging services staff and residents are a top priority. CDC is working with provider associations, pharmacies and jurisdictions' health departments to plan ahead.
- It's recognized that the ideal situation is on site clinics; the best way to make this happen will be good planning. Providers need to take the first steps to do this planning.
- CDC reports that 95% of nursing homes have a plan in place now to obtain vaccines. the nursing home message is that their first line is work with their LTC pharmacies. But they too need to work proactively and make their own plan.
- HHS recognizes it may be easier for larger providers with higher numbers of people to be immunized to negotiate onsite clinics; there's special attention and focus to be sure small providers and rural clinic needs are addressed too.
- Housing, AL, memory care, CCRCs, adult day, PACE and all aging services providers who offer services in congregate settings need to begin now to make plans.
- Providers need to do two things right now to get started: figure out as well as possible how many doses you will need; and reach out to retail partners to begin to discuss how to bring them in for clinics or, if necessary, arrange to bring people to them.
- Planning can also include activating all the processes providers learned about in December – the spring. Consent forms, staffing clinics, setting up the space, communicating to families, etc.
- HHS is still working on logistics. Provider experience from the original roll out is incredibly valuable. CDC is looking for our input on things to keep in mind and plan for. Feel free to share your insights and ideas with LeadingAge policy staff and we will compile them for CDC.

**New CDC reports on vaccine effectiveness.** CDC also put out three new Morbidity and Mortality Weekly Reports (MMWRs) today on vaccine effectiveness.

**Sustained Effectiveness of Pfizer-BioNTech and Moderna Vaccines Against COVID-19-Associated Hospitalizations Among Adults — United States, March–July 2021**

**Key finding:** Among 1,129 patients who got two doses of mRNA vaccine, no decline in effectiveness against hospitalization was observed for 24 weeks. Vaccine effectiveness was 86% 2-12 weeks after vaccine and 84% at 13-24 weeks. The duration of protection is uncertain after that.

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e2.htm?s\\_cid=mm7034e2\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e2.htm?s_cid=mm7034e2_w)

**New COVID-19 Cases and Hospitalizations Among Adults, by Vaccination Status — New York, May 3–July 25, 2021**

**Key finding:** During the period from May 3 – July 25, 2021, vaccines prevented hospitalization in NY 91-95%. Vaccine effectiveness against infection during that period for all adults in NY declined from 91.7% to 79.8%.

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e1.htm?s\\_cid=mm7034e1\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e1.htm?s_cid=mm7034e1_w)

**Effectiveness of Pfizer-BioNTech and Moderna Vaccines in Preventing SARS-CoV-2 Infection Among Nursing Home Residents Before and After Widespread Circulation of the SARS-CoV-2 B.1.617.2 (Delta) Variant — National Healthcare Safety Network, March 1–August 1, 2021**

**Key finding:** Two doses of mRNA vaccines were 74.7% effective for nursing home residents early in the program, from March to May. During June to July, 2021, when the Delta variant circulation predominated, effectiveness declined to 53.1%.

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e3.htm?s\\_cid=mm7034e3\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e3.htm?s_cid=mm7034e3_w)

***Advocacy Alerts and Hill News:***

**Administration will not ask for extension of expanded unemployment benefits.** Treasury Secretary Janet Yellen and Labor Secretary Marty Walsh sent a letter to Congressional leaders saying they will not seek to extend the \$300 weekly boost to unemployment insurance and other expanded benefit programs set to end September 6. The letter to Congress noted that states can tap funds from the American Rescue Plan (not a new authority; this was always possible) if they opt to do that.

**Update from Capitol Hill.** Congress has adjourned until around September 20, except that the House will have to return to vote on the budget resolution (needed to give the House and Senate committees their “marching orders”) and leadership will have to decide when to vote on the bipartisan infrastructure bill. The Speaker has indicated that the House will reconvene next week and vote probably on both of these Senate-passed provisions. Our advocacy task is to make sure that the bills that will proceed by reconciliation contain our robust but essential advocacy asks on behalf of the aging services community and the people we serve and who work with us, so please continue to share the [Advocacy Alert](#) and encourage your members to contact their representative and senators.

***Important Announcements from LeadingAge:***

**U.S. Adults Highly Value Aging Services Caregivers, New Research Finds!** Compassionate, dedicated, professional, essential. That’s how U.S. adults describe caregiving professionals for older adults. This is an important finding from the foundational research conducted for LeadingAge’s new initiative, Opening Doors to Aging Services. This long-term initiative will help members better understand public views and perceptions of the aging services sector—and to communicate about them.

This [extensive body of research](#) is now available for LeadingAge members, partners, and the field. You’ll find an executive summary, landscape visualizations, and a deep dive into all our detailed findings. Visit [LeadingAge.org](#) to [explore the findings now](#).

**LeadingAge Annual Meeting + EXPO Presents Tech Sessions.** The COVID-19 pandemic has elevated the importance of technology in senior living, and CAST is bringing you invaluable information on how best to position your organization. Be sure to attend the [LeadingAge Annual Meeting + EXPO](#) and the carefully prepared [sessions](#) on the Aging Services Technologies Track, Oct. 24-27, 2021, in Atlanta. [Register today!](#)