

# Nursing Home Weekly: Recap of LeadingAge Updates

October 7, 2022

**Coronavirus Update Calls October 10 and 12; all calls are at 3:30 PM ET.** What changes in your workplace culture have emerged since the pandemic? How can these changes be leveraged for strength and innovation in providing care for older adults? On **Monday, October 10**, Nicole Gann, President and CEO of Juliet Fowler Communities will join us to share her organization's insights on the lessons they have learned and will provide some tools fellow LeadingAge members can use to strengthen their organization and lead beyond COVID-19. On **Wednesday, October 12**, we will be joined by Nicole Kostelc, Sr. Manager of Clinical Support Services at Omnicare to discuss important issues around the new boosters that are available and will be able to answer your questions as your organization prepares for flu season and COVID-19 boosters for residents and staff. If you haven't registered for LeadingAge Update Calls, [you can do so here](#). You can also find previous call recordings [here](#). Note that to access recordings of the calls you need a LeadingAge password. Any staff member of any LeadingAge member organization can set up a password to access previous calls and other "members only" content.

**November 9, 2:00 PM ET – SAVE THE DATE for a Webinar on the new MDS draft.** LeadingAge will offer a webinar on the new MDS draft which was released on September 1, with an effective date of October 1, 2023. Additional information will be available soon.

**Flu Vaccination Reporting for Nursing Homes:** Nursing homes will begin reporting flu vaccination data for staff with this flu season (October 1 – March 31). This reporting is part of the SNF Quality Reporting Program is providers are required to submit at least one report per season by May 15. Learn more about this reporting [here](#).

**SNF/LTC Open Door Forum Shares New Resources on SNF QRP, Care Compare Updates and iQIES Transition:** LeadingAge attended the SNF/LTC Open Door Forum held by CMS on Thursday, October 6. Much of the call focused on sharing new resources on the SNF Quality Reporting Program including key reporting deadlines, and resources to help SNFs onboard into the new iQIES system, which requires establishing a new user id and HARP account. CMS also clarified which SNFs are required to report into NHSN on the Influenza Vaccination status of healthcare personnel. It includes freestanding, those SNFs associated with acute care hospitals as well as non-critical access hospitals with swing beds. The Sept 27 webinar on the NHSN Influenza reporting will be repeated on October 19 at 1p.m. ET. For further details, LeadingAge has written an [article](#) summarizing the Open Door Forum.

**New RoPs Guidance 2022 Resources.** So many new resources!!!! Check out the [LeadingAge RoPs Tools and Resources](#) page for newly updated resources including 6 new KSAs from our Staff Competency Toolkit and our new Compliance and Ethics toolkit. More resources coming this week so keep checking!

**Clarification on CLIA Testing Memo.** CMS released a memo on September 26 that rescinded a 2020 memo allowing for enforcement discretion around the use of COVID-19 testing. The new memo states that COVID-19 testing must now adhere to the FDA authorizations / EUAs for the specific test. There are currently dozens of tests approved for serial screening testing of asymptomatic individuals. Check out [this LeadingAge article](#) for more info.

**Nurse Aide Training Waivers:** The deadline by which temporary nurse aides must be certified to continue working in the nursing home is fast approaching. CMS [released information](#) on August 29

outlining how to apply for a waiver if training/testing backlogs prevent an individual working as a nurse aide from completing certification by October 6. Options include state- or county-level waivers and individual facility-level waivers. Questions about state and county waivers should be referred to the state. If you are in need of a waiver and unable to determine if your state has been approved, CMS recommends applying for the waiver individually. Applicants will be notified if an existing state- or county-level waiver has been approved.

**DOL \$80 Million Grant Funding to Address Shortage of Nurses.** On October 3, the U.S. Department of Labor (DOL) [announced](#) an \$80 million funding opportunity through its Nursing Expansion Grant Program. The DOL announcement points out “the unprecedented demands that the pandemic placed on the nation’s nurses – combined with retirements and an aging workforce – have greatly increased the need for nursing workers in the U.S.” The grant program has two tracks. The first track, the Nurse Education Professional Track, will increase the number of nursing instructors and educators by training new or upskilling experienced current or former nurses into advanced postsecondary credentialing necessary for nursing instructors and educators. The second track, the Nursing Career Pathway Track, will train frontline healthcare professionals and paraprofessionals, including direct care workers, to advance along a career pathway and attain postsecondary credentials needed for middle- to high-skilled nursing occupations. Grantees will develop training partnerships between clinical settings and education and training providers to support accelerated learning and expanded access to clinical residencies and specialty care rotations. Nonprofit healthcare organizations qualify as eligible lead applicants. A [LeadingAge](#) article with additional details is available [here](#).

**Study Projects Thousands of Lives Could be Saved by Fall COVID Booster Campaign.** A [study](#) released by the Commonwealth Fund and conducted by experts from Commonwealth, Yale, and York University, concluded that a rigorous campaign to encourage uptake of bivalent boosters could save thousands of lives and billions of dollars.

**FROM HHS: Understanding Long-Term COVID-19 Symptoms and Enhancing Recovery:** NIH [published a blog](#) on understanding long-term COVID-19 symptoms and enhancing recovery. For the past two years, NIH’s National Heart, Lung, and Blood Institute (NHLBI), the National Institute of Allergy and Infectious Diseases (NIAID), and my National Institute of Neurological Disorders and Stroke (NINDS) along with several other NIH institutes and the office of the NIH Director, have been leading NIH’s [Researching COVID to Enhance Recovery \(RECOVER\)](#) initiative, a national research program to understand PASC. The initiative studies core questions such as why COVID-19 infections can have lingering effects, why new symptoms may develop, and what is the impact of SARS-CoV-2, the virus that causes COVID-19, on other diseases and conditions? Answering these fundamental questions will help to determine the underlying biologic basis of Long COVID. The answers will also help to tell us who is at risk for Long COVID and identify therapies to prevent or treat the condition. The RECOVER initiative’s wide scope of research is also unprecedented. It is needed because Long COVID is so complex, and history indicates that similar post infectious conditions have defied definitive explanation or effective treatment. Indeed, those experiencing Long COVID report varying symptoms, making it highly unlikely that a single therapy will work for everyone, underscoring the need to pursue multiple therapeutic strategies.

**CDC Data Show Serious Impact of Long COVID.** CDC released [data](#) from its Household Pulse Survey that now includes Long COVID questions. The data show that four out of five people living with Long COVID (symptoms lasting three months or longer) say their daily activity is limited; a quarter of them report

significant activity limitations. The CDC data show that about 14.2% of Americans report some lingering COVID symptoms, about 47 million people. It remains to be resolved how the additional health and other costs will be addressed, but LeadingAge is looking at this as an area for advocacy.

**CMS issues an RFI on Creating First Ever National Provider Directory:** On October 5, CMS released a request for information seeking public input on the concept of CMS creating a directory that would include information on health care providers and services. They are calling this potential effort a “National Directory of Healthcare Providers and Services.” They note in the announcement and that directories are an important tool for consumers and can facilitate access to care and data reporting. They also note that the health care directory landscape is fragmented which results in struggles finding up-to-date information about providers and providers facing redundant and burdensome reporting requirements to multiple databases. They are seeking public input on a directory that could be a centralized data hub that would include up to date and validated data in a publicly accessible index. More information can be found [here](#) and comments are due December 6.

**Race and Ethnicity Influence End-of-Life Care for Medicare Patients with Dementia.** A new [study](#) from researchers at Rutgers University found that the odds of receiving intensive or quality of life-focused end-of-life services based on dementia status are not evenly distributed across racial/ethnic groups. After reviewing the total medical costs for 463,590 Medicare beneficiaries nationwide, researchers determined 51% of Medicare patients die with a dementia diagnosis claim and individuals from racial/ethnic minoritized groups were more likely to be hospitalized, admitted to the ICU, receive intensive services, or die at a hospital. One striking example of this inequity is found in the Asian American and Pacific Islander population. Generally, this group had 73 percent higher odds of intensive care at the end-of-life compared to their non-Hispanic white counterparts, however, among Asian American and Pacific Islanders with a dementia diagnosis, the odds increase to 175 percent of receiving intensive procedures. The researchers argue that the difference is not problematic if it reflects patient preferences for intensive services, but more research is needed to understand whether these differences may be attributable to other factors including systemic racism, discrimination, poor physician communication, and other barriers to accessing healthcare.

**New Prognostic Tool to Support End-of-Life Discussions for Dementia Patients.** Researchers at the University of San Francisco and the San Francisco Veterans Affairs Health Care System [developed](#) a tool to support mortality predication in older adults with dementia. The hope is this [tool](#) can be used by clinicians to frame discussions with patients and their families relating to end-of-life care, such as the need for in-home supports or nursing home use. Investigators used the Health and Retirement Study and the National Health and Aging Trends Study for a total of 6671 community-dwelling older adults with dementia from 1998 to 2019. The final model included readily available clinical predictors (demographics, health factors, functional measures, and chronic conditions) to predict mortality from 1 to 10 years.

**October Opportunities To Meet With Members of Congress.** During the month of October, members of Congress and their staff will be returning back home to meet with constituents and talk about issues that are important to the local community. This is a very good opportunity to look for events to meet with local elected leaders and also reach out to local congressional offices to invite them to visit your organization and meet the staff and residents that are served. LeadingAge members are encouraged to

host a Coffee Chat With Congress meeting with their local congressional offices so our elected leaders can see the great work that is being done and also hear first hand about the challenges facing aging services providers. Visit [www.leadingage.org/coffeechats](http://www.leadingage.org/coffeechats) to download our meeting toolkit and help us educate policymakers in your local community.

**Older Adults and Our Workforce Need Our Help.** Hurricane Ian continues to cause damage, severe flooding, and critical situations for LeadingAge member communities. Our thoughts are with all members and their residents, staff, and families in the storm path and hope there is no further impact. [Please consider a donation to the LeadingAge Disaster Relief Fund](#), as 100% of all donations will go directly to members and their staff. The need for food, water, and other supplies is immense. Thank you to the individuals that have already donated.

**Interns Explore Aging Services in Summer Program.** The [Summer Enrichment Program](#) promotes diversity, equity, and inclusion in a 10-week immersive internship. Undergraduate and graduate students across the country have the opportunity to gain real-world experience in aging services. [Interested in hosting an intern?](#)

**Call for 2023 Annual Meeting Sessions is Open.** Save the date! Proposals for the [2023 LeadingAge Call for Sessions](#) must be submitted by December 5. If you want to present on stage to hundreds of aging services experts and providers, submit your original session idea for the opportunity to present at the 2023 LeadingAge Annual Meeting + EXPO in Chicago, IL from November 5-8, 2023. [Learn more and submit your proposal.](#)

**Benchmarking for LGBTQ+ Inclusion.** Long-term care and senior housing communities are invited to participate in the [Long-Term Care Equality Index](#) (LEI), a national benchmarking tool for providers to assess, grow, and show their LGBTQ+ inclusion efforts. Communities that complete the survey will appear in the national LEI 2023 Report and in an online searchable database. [Learn more.](#)

**Career Ladders and Lattices: Grow the Aging Services Workforce.** Last week, aging services thought leaders from LeadingAge and partners discussed the importance of aging services providers to develop career ladders and lattices for their workforce. [Watch the event recording](#) as the panel discusses practical ways to build formal advancement opportunities and support the personal and professional goals of your individual staff members.