



## Nursing Home Weekly: Recap of LeadingAge Updates

November 4, 2022

**Coronavirus Calls Next Week. All calls are at 3:30 PM ET. What do the midterm elections mean for aging services? What's bringing voters out?** Regardless of your political party, the midterm election, set for Tuesday, November 8, will do a lot to clarify how policy decisions will be made on Capitol Hill. The entire House of Representatives and a third of the Senate will be decided. On **Monday, November 7**, join us as we chat with **Jonathan Voss**, Partner at Lake Research Partners, a national public opinion and political strategy research firm. Jonathan will share insights from survey research on how voters are thinking about issues related to older people and aging services and discuss what the outcomes of the election might mean for the short and long term. the midterm elections.

**Did resident engagement change during the pandemic? If so, how, and are the changes going to last? On Wednesday, November 9, Teresa Scott**, President and CEO of Penney Retirement Community in Green Cove Springs, Florida will be with us to talk about a unique model of resident engagement and how it helped Penney get through the pandemic.

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.

**White House Push on Boosters, Treatments, and Air Quality to Prevent as Many COVID Deaths as Possible.** As promised, [here](#) is an article with more details about the meeting LeadingAge and a few other organizations attended with the White House COVID team on November 1. The COVID team has asked LeadingAge and other organizations to work with them on promoting vaccines and boosters, use of treatments, and efforts to improve air quality. In kicking off the meeting, Dr. Ashish Jha, head of the COVID team, told the small group assembled that over the next five months (November through March) infectious disease experts estimate that 50,000 people in the country will die of COVID. One of every five of these individuals who die- 20% - will be nursing home residents. "All or most of these deaths are preventable with the proper use of vaccines, boosters and treatments," Jha observed. "We can save ourselves and potentially prevent 50,000 deaths." Nursing home and assisted living providers play an important role in encouraging the use of these measures and Dr. Jha asserted that the White House has a strong commitment to partnering with aging services providers to prevent this dire outcome.

**Start getting ready for MDS changes! MDS Webinar in the LeadingAge Learning Hub.** In September, CMS published a [draft revision](#) of the Minimum Data Set (MDS) which will be effective starting October 1, 2023. Many of the changes in the new draft will make the MDS items consistent with the 2023 SNF PPS rule; others aim to collect standardized data from all post-acute settings. Please join us in the LeadingAge Learning Hub for the updated MDS webinar on November 9 at 2:00 PM ET. This Webinar will offer a detailed look at the new MDS draft and help skilled nursing providers plan for the changes coming in 2023. More information and registration at [this link](#).

**CMS Updates HCPCS Payment Codes for Chaplain Services.** As of October 1, 2022, CMS updated three payment codes regarding chaplain services to allow for greater use. Previously, chaplains had what are called healthcare common procedure coding system or HCPCS Level II codes but they could only be used at the Department of Veterans Affairs. Read more about this change and what it means for providers in this [article](#).

**MedPAC Discusses Quality through a Disparity Lens and Unified PAC PPS:** On November 3, LeadingAge staff attended the first of MedPAC's two-day November meetings. Of interest to LeadingAge members, were two key topics: 1) the future of quality measurement that examines disparities in outcomes; and 2) a comparison of MedPAC's prototype for a Unified post-acute care(PAC) prospective payment system(PPS)with the CMS/ASPE model. At this meeting there was much discussion and few conclusions. Both issues received positive responses from commissioners who seek for work to continue on these issues. During the quality discussion, MedPAC staff shared an analysis of how many beneficiaries returned to community from SNF and HH broken down by income status and race/ethnicity. The data showed lower rates of successful discharge to community for low-income individuals who utilized SNF care and there was a 10% difference in the return to home rates when comparing outcomes by race/ethnicity for the low-income population. In contrast, home health showed little difference between low income and non-low income in return to home and only small variations in the ability to return to home by race.

The commissioners asked staff for a number of additional clarifications to determine why the outcomes were so different between the two settings including whether there was a selection bias. On the topic of the unified PAC PPS, staff walked through how the MedPAC model compared to the CMS/ASPE model. The CMS/ASPE model has some additional adjusters for SNF, LTCH and IRF; and would also provide an adjustment for rural providers. MedPAC staff indicated they did not believe the rural adjustment was needed as the modeling shows rural provider PAC rates would increase 3% under the model. All commissioners agreed more discussion was necessary on this topic but that much has changed in PAC payment since this work began 10 years ago. No recommendations were made at this meeting

**CDC Webinar on Enhanced Barrier Precautions in Nursing Homes.** CDC will host a webinar from 1:00 – 2:00 PM ET on November 15 to talk about [Enhanced Barrier Precautions](#). The webinar will feature a detailed review and discussion about this CDC infection prevention and control recommendation as well as an opportunity to hear directly from a LTC Infection Preventionist about her successes and challenges implementing enhanced barrier precautions in several nursing homes. For more details and to register for the free webinar, click [here](#).

**CMS releases qualitative report on Medicare Value Based Insurance Design Model.** The Center for Medicare and Medicaid Innovation (CMMI) released an evaluation report on the first two years of implementation (2020-2021) phase of the Medicare Advantage VBID model. The report looks at the [Hospice Benefit Component](#) and [Benefit Design Innovations](#) in their evaluation. This report was qualitative – RAND interviewed plan organizations, vendors, and hospices. They looked at some outcomes but a more exhaustive quantitative evaluation is expected at a later date.

**Feedback Sought on Proposed List of Screening Tools for Collecting Social Risk Factor Data.** CMS has issued a 60-day notice of a proposed list of screening tools that Special Needs Plans (SNPs) would be permitted to use to comply with the new requirement to include one or more questions on housing

stability, food security and access to transportation in their Health Risk Assessments as of January 1, 2024. The list appears to include some tools used by post-acute care providers such as PROMIS and OASIS but there may be others that provider-led SNPs would prefer to use and would like CMS to consider as part of its list. This information can be shared as a comment to CMS. The related guidance and list of proposed screening tools can be found [here](#). Comments must be submitted by December 27, 2022 and can be submitted in any format electronically by identifying the guidance document CMS-10825 at: <http://www.regulations.gov/>

**Coalition letter urges Congress to approve higher domestic and international spending levels.** On November 1, LeadingAge joined a coalition of more than 400 national, state, and local organizations urging Congress to enact an omnibus government funding bill that includes domestic and international program amounts that are no less than those proposed by the House of Representatives for Fiscal Year 2023. Domestic and international programs -- also known as non-defense discretionary spending, or NDD -- proposed by the House of Representatives are higher than amounts proposed by the Senate. As House and Senate appropriators work to set 2023 spending levels, LeadingAge is working with its coalition partners to advocate for the strongest possible program funding that supports older adults and their families. [You can read the coalition letter here.](#)

**CMS Finalizes New Rural Emergency Hospital rule:** Typically, we do not share updates on hospital rules but on Nov. 1, CMS released its calendar year (CY) 2023 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule, which includes a new Medicare provider type that will be allowed to have Skilled Nursing Facility beds. The rule outlines the enrollment procedures, payment rates and conditions of participation for this new Medicare provider type, Rural Emergency Hospital (REH). Under this final rule, Critical Access Hospitals (CAHs) and small rural hospitals are permitted to convert to be an REH, which may be a more sustainable option for rural hospitals facing closure and supports access to care in rural and underserved communities.

REHs are limited to not more than 50 beds and do not provide acute care inpatient services, with the exception of post-hospital extended care services furnished in a distinct part unit licensed as a skilled-nursing facility. If rural hospitals and CAHs convert to this new provider type it may impact care delivery patterns in some rural communities as inpatient acute care services will no longer be available. In addition, outpatient services provided by REHs will be paid at 105% of the OPPS fee schedule but it should be noted that SNF services are not considered REH services and as such, will be paid based upon SNF PPS and not receive the additional 5% rate increase. REHs will be subject to their own Quality Reporting Program. In this rule, Medicare will also pay hospital outpatient departments to provide remote behavioral health services to people at home, which is designed to improve access to care in rural communities and promote health equity. For a fact sheet on the Rural Emergency Hospitals, click [here](#) and the complete rule can be found [here](#).

**Ziegler and LeadingAge Release the 19<sup>th</sup> Annual LZ200.** The 2022 edition of the LZ200 is now available for [download](#); this sentinel report represents the largest 200 multi-site NFP aging services providers, the largest 150 single site providers, and the largest NFP sponsors of multi-site affordable housing. Here are a few highlights; Ziegler offers a summary in their most recent [newsletter](#) as well. National Senior Campuses retained its #1 spot on the list for the seventh consecutive year; Pennsylvania is home to five of the top 25 providers' parent companies and is home to 27 providers' headquarters for the entire LZ200, the most of any state. Forty-three percent (43%) of the LZ200 providers are Life Plan Communities, the largest grouping of all provider types; thirty-one percent (31%) provide affordable

housing for seniors and 30% manage one or more senior living communities on behalf of another organization. Consistent with recent prior years, growth in the LZ200 organizations was characterized primarily by affiliations, acquisitions and existing campus expansions. Again this year, the LZ200 took a look at the composition of assisted living and skilled nursing units across the largest providers; over the last seven years, LZ200 providers have been moving towards more private SNF units as well as private AL units. As the larger LZ200 providers tended to show more of an involvement in memory support care and in some form of HCBS service; at least 10% of LZ200 providers are now offering continuing care at home.

**National Governor’s Association, “Addressing Wages of the Direct Care Workforce Through Medicaid Policies” paper:** This [paper](#), released Nov. 1, examines Medicaid policy vehicles states can use to increase direct care worker wages. It provides examples of what some states are doing. For members and our state partners, it offers a list of options states may be considering to address direct care workforce challenges and ideas for how to approach Medicaid rate discussions with your states and/or potential initiatives to look out for.

**CMS Finalizes Rule Revising Several Medicare Enrollment and Eligibility Situations:** Final rule [CMS-4199-F](#) changes to the effective date of an individual’s Medicare coverage when they first enroll to the month after enrollment to eliminate coverage gaps. It also adds 5 new Special Enrollment Periods allowing individuals an opportunity to enroll under certain exceptional situations such as being impacted by an government-declared emergency or disaster, or if a plan or employer misrepresented information regarding their enrollment. It will extend coverage of immunosuppressive drugs for those with ESRD beyond their post-transplant Medicare coverage period. The rule also requires states to incorporate their buy-in agreements detailing their payment of Medicare A and B premiums for low-income individuals. Currently, these terms are in a separate document. It also limits states liability for retroactive Part B premium payments when SSA determines a Medicaid beneficiary is retroactively eligible for Medicare Part A.

#### **FROM CDC/HHS:**

**1. Notes From the Field: Dispensing of Oral Antiviral Drugs for Treatment of COVID-19 by Zip Code–Level Social Vulnerability:** CDC [published an MMWR](#) on dispensing of oral antiviral drugs for treatment of COVID-19 by zip code–level social vulnerability in the United States from December 23, 2021 to August 28, 2022. Equitable access to COVID-19 therapeutics is a critical aspect of the distribution program led by the U.S. Department of Health and Human Services (HHS). Two oral antiviral products, nirmatrelvir/ritonavir (Paxlovid) and molnupiravir (Lagevrio), received emergency use authorization (EUA) from the Food and Drug Administration (FDA) in December 2021, to reduce the risk for COVID-19–associated hospitalization and death for those patients with mild to moderate COVID-19 who are at higher risk for severe illness. HHS has been distributing these medications at no cost to recipients since their authorization. Data collected from provider sites during December 23, 2021 to May 21, 2022, indicated substantial disparities in the population-adjusted dispensing rates in high social vulnerability (high-vulnerability) zip codes compared with those in medium- and low-vulnerability zip codes. Specifically, dispensing rates for the 4-week period during April 24 to May 21, 2022, were 122 per 100,000 residents (19% of overall population-adjusted dispensing rates) in high-vulnerability zip codes compared with 247 (42%) in medium-vulnerability and 274 (39%) in low-vulnerability zip codes. This report provides an updated analysis of dispensing rates by zip code–level social vulnerability and highlights important intervention strategies.

- 2. COVID-19's Lasting Impact on the Body:** NIH [released a news story](#) on COVID-19's lasting impact on the body. Researchers at the NIH Clinical Center, the National Institute of Dental and Craniofacial Research (NIDCR), and the National Institute of Allergy and Infectious Diseases (NIAID) performed autopsies on the bodies of patients with COVID-19. The researchers found that even in patients who had mild or asymptomatic cases of COVID-19, evidence of SARS-CoV-2 infection was present throughout the entire body and stayed there until the patients' deaths, which in some cases occurred more than seven months after the start of symptoms. The researchers examined tissue from many different sites in the body from 44 patients who had died of COVID-19 or who had tested positive for the disease before they died. The autopsies were performed at the NIH Clinical Center between April 2020 and March 2021. Analysis of the patients' samples revealed SARS-CoV-2 in almost every organ and organ system of their bodies, including their skin, eyes, stomachs, muscle, fat, glands, and six different parts of their brains. SARS-CoV-2 was present even in asymptomatic patients, patients who had had mild cases of COVID-19, and patients who had first been diagnosed with the disease months before their death. This suggests that even mild cases of COVID-19 spread quickly and the virus can remain in our tissue for a long time.