



Nursing Home Weekly: Recap of LeadingAge Updates

December 23, 2022

Upcoming LeadingAge Coronavirus Call. No Calls next week on Monday, December 26 and Wednesday, December 28. On January 4, 2023, at 3:30 PM ET, Dr. Ashish Jha, the White House COVID Response Coordinator will join us to talk about the White House COVID Team’s activities related to tests, vaccines, treatments, and everything COVID. He will especially highlight the Administration’s focus on bivalent boosters for older adults – why it’s important and some of the science behind waning immunity. Dr. Jha wants to hear your COVID questions – they help the Administration know what’s going on in the field. 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.

Nursing Home Network. The monthly LeadingAge Nursing Home Network call will take place Tuesday, December 28 at 2:00 PM ET. Agenda and resources for the call will be posted in the Nursing Homes group on the [My LeadingAge Member Community](#) prior to the call. If you are not already a member of the Nursing Home Network, you can register [here](#) and email Jodi Eyigor jevigor@leadingage.org. Read a recap of the November meeting [here](#).

All Hands On Deck – Up to Date Residents Percentage Climbing! According to the most recently available data from CMS, released December 22, 60.26% of LeadingAge member nursing homes’ residents are up to date with their COVID boosters! Only 46.11% of all nursing home residents are up to date according to this data. Since we began reporting four weeks ago, LeadingAge member nursing homes have seen an increase of 5.47 percentage points; for all nursing homes, that number is 2.57 percentage points. Watch for our All Hands on Deck weekly report December 23. It will be posted on the [All Hands On Deck landing page](#) in the LeadingAge website and included in the Nightly Update.

Vaxx and Booster Resource Hub Now Live on LeadingAge.org. A new resource on LeadingAge.org, the [All Hands on Deck hub](#), pulls together a wealth of information and tools created for our All Hands on Deck vaccine and booster uptake initiative. We are pleased to work in partnership with federal agencies and the White House to help drive our shared objective of keeping older adults safe and healthy. Created by a LeadingAge cross-functional team, which includes our New York state partner, the online hub includes:

- Weekly reports LeadingAge national sends to the Department of Health and Human Services with all nursing homes’ vaccination rates data along with breakouts of LeadingAge members’ rates
- Messaging and Talking Points for members
- Press releases sent to national and trade media on LeadingAge’s collaboration with the White House re: the All Hands on Deck campaign and reaction to policy change allowing nursing homes to apply for approval as a Centers for Disease Control & Prevention (CDC) approved vaccinator
- Instructions for nursing homes to apply for approval as CDC-approved vaccinators

- State-specific vaccine education and communications resources
- Public service announcement assets to increase vaccination among health care professionals

CDC 90 Day Sub-Provider Agreement Updates. We have heard anecdotally that some nursing homes have tried to use the CDC sub-provider agreement link and been unable to find their LTC pharmacy in the drop-down menu, which includes only 21 pharmacies. HHS is aware of the problem and is looking for ways to fix it.

New Nursing Home RoPs Tools. The [Nursing Home RoPs Tools and Resources page](#) on the LeadingAge website is redesigned with more to offer! All resources are now grouped by topic area, rather than implementation phase, and we've released more than 2 dozen new resources this week including all 25 Knowledge-Skill-Ability (KSA) competencies in the Staff Competency Toolkit. And we're not done yet! We'll be working over the next several weeks to release even more, including new COVID-19 resources and a completely updated Emergency Preparedness Toolkit. All resources require a LeadingAge login to access. Don't have a LeadingAge login yet? Any staff member of a LeadingAge member can create one [here](#) using their work email address.

Senate Approves Omnibus Package. On December 22, in the early afternoon, the Senate approved the \$1.7 trillion Omnibus bill to fund the government and sent the bill to the House. The House must also pass it and send it to the President to sign. The current continuing resolution runs out at midnight on Friday, December 23, but the Senate is expected to pass another stopgap patch to extend current funding for another week, buying time for the bill to be enrolled and signed. The Senate bill included eight amendments to the original text released earlier this week; none of the amendments are directly relevant to aging services specifically. The bill does include legislation that would require employers to provide pregnant workers with certain accommodations, and workplace protections for nursing mothers. House leaders are aiming to vote December 22; members have been warned it may be a long evening.

The [\\$1.7 trillion funding bill](#), H.R. 2617, includes in its 4155 pages a number of provisions LeadingAge advocated strongly for, although not all of our critical requests made it into the final Senate package. [This link](#) provides explanatory statements and bill summaries by federal department. The full Senate is expected to act first on the package, then send it to the House. Any Senator can hold up the deal in exchange for amendments or concessions – this is an important milestone, but not a “done deal.” Lawmakers have until Friday (when the current Continuing Resolution ends) to finish work on the bill. (Note: “Discretionary” programs are included in this bill; the bulk of Medicare and Medicaid spending are “mandatory” budget items, not part of this process). LeadingAge will provide more analysis in coming days as we continue reviewing the bill and as it moves through the legislative process. Some highlights of interest to LeadingAge members include:

WORKFORCE – All of these provisions are LeadingAge Advocacy Wins!

- The agreement includes \$2,000,000 for the Administration on Community Living (ACL) to implement a direct care workforce demonstration project to identify and reduce barriers to entry for a diverse and high-quality direct care workforce, and to explore new strategies for the recruitment, retention, and advancement opportunities needed to attract or retain direct care workers.

- The agreement provides \$285,000,000 to support registered apprenticeships and urges the Department of Labor's Employment and Training Administration (ETA), in collaboration with the Department of Health and Human Services, to support the expansion of the skilled care workforce to care for a rapidly aging U.S. population and provide home and community-based services to older adults and people with disabilities, including through education and training grant programs, as well as traditional and nontraditional apprenticeship programs.
- The agreement's report language supports HRSA's efforts to develop the workforce needed to care for a rapidly aging U.S. population and encourages HRSA to address the skilled care workforce needs of seniors through existing workforce education and training programs.
- The Committee allocates an additional \$2 million above the FY 2022 level for HRSA's Geriatrics Workforce Enhancement Program that 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.

HOUSING

- **LeadingAge Advocacy Win!** The FY23 omnibus bill would add funding to build and operate nearly 1,120 Section 202 Supportive Housing for the Elderly homes, in addition to full renewal funding for Section 202 Project Rental Assistance Contracts and Section 8 Project-Based Rental Assistance contracts. While the bill would fully fund Service Coordinator grant renewals, it is unclear if there is sufficient funding in the bill for it to provide for new grant-funded Service Coordinators. The bill would also provide \$6 million to help 202/PRACs convert under the Rental Assistance Demonstration and give HUD authority to make budget-based rent adjustments for post-Mark-to-Market PBRA contracts that are distressed or at risk of becoming distressed. LeadingAge had worked for more funds for these efforts than is in the omnibus but is pleased the bill provides full renewal funding and makes some important strides for housing expansion and preservation efforts. The bill also expands the kinds of households to be assisted by the Older Adult Home Modification program to all 62 and older households (besides those with HUD project-based assistance) and not just homeowners, another LeadingAge request.
- The bill includes \$50 million for about 12,000 new Housing Choice Vouchers, which aging services providers can work to project-base in affordable senior housing and in assisted living. The bill also includes a new \$85 million program to incentivize local governments to improve zoning practices for affordable housing and a new \$75 million program for new Permanent Supportive Housing to expand housing options for people experiencing homelessness.
- Overall, the omnibus bill would provide \$58.2 billion for HUD, an increase of \$4.5 billion compared to fiscal year 2022.

NURSING HOMES

- The package includes \$150 million for Veterans Administration Grants for Construction of State Extended Care Facilities, an increase of \$100 million above the fiscal year 2022 enacted level. This increase will allow the Veterans Administration to provide more grants to assist states in constructing state home facilities, for furnishing domiciliary or nursing home care to veterans, and to expand, remodel, or alter existing buildings.

- The bill includes a \$2 million increase for the long-term care ombudsman program, which was funded at \$18.8 million in fiscal year 2022. It also provides \$15,000,000 for the nationwide Adult Protective Services formula grant program.

TELEHEALTH

- **LeadingAge Advocacy Win!** Medicare telehealth flexibilities will be extended for two years. The provisions have already been extended for 151 days after the end of the public health emergency.

MEDICARE AND MEDICAID

- **LeadingAge Advocacy Win!** Medicare telehealth waivers were kept in place for 2 years, through 2024. This includes allowing the home to be the originating site, removal of geographic restrictions, expanded eligible practitioners, allowing the use of audio only telehealth services, and allowing the hospice face to face recertification to be done via telehealth. The legislation also requires a study on telehealth and program integrity.
- The Medicaid “unwinding” was delinked from the public health emergency. The continuous coverage provisions put in place by the Families First Coronavirus Response Act will end March 31, 2023. The increased FMAP will be phased out of the course of 2023. Q1, it remains at 6.2%. Q2, it will be 5%. Q3, it will be 2.5%. Q4, it will be 1.5%. There are a number of guardrails around transparency and reporting tied to states continuing to get the increased FMAP over the course of the year. We will provide more details on this provision in the coming days.
- The proposed physician fee cuts were reduced from CMS’s proposal. The cuts will be 2% for CY2023 and 3.5% for CY2024 – the rule called for a 4.5% cut for CY2023. This impacts providers that bill part b – so among our members, palliative care practices, nursing home medical directors, primary care practices generally, referral sources to home health and adult day, and part b services across the continuum like PT, OT, etc.
- The hospital at home program waiver was kept in place for 2 years.

COVID-19

- Parts of a Pandemic Preparedness bill made it into the package, including making the CDC director into a Senate-confirmed position.
- Long COVID Research - The agreement includes \$10,000,000 for health systems research on how best to deliver patient-centered, coordinated care to those living with Long COVID, including the development and implementation of new models of care to help treat the complexity of symptoms those with Long COVID experience.
- Other COVID-related provisions are spread throughout the bill; more information coming on them.

Key Highlights of the CY2024 Proposed Rule on MA Policy and Technical Changes. LeadingAge has written an [article](#) summarizing the key elements of the recently released 957-page proposed rule. Of note, are some key changes proposed to ensure MA plans cover basic Medicare Part A and B services for MA enrollees and limit unnecessary prior authorizations. LeadingAge will be soliciting feedback from members on the proposed rules early in January through our provider networks to inform our

comments which are due February 13 at 5 PM ET. LeadingAge will also produce a guide to help members submit their own comments on the rule in early January.

Flu Vax Reporting in NHSN. NHSN sent a blast email to users this week about methods of reporting flu vaccination. Currently, long-term care providers can report flu vaccination rates in two locations: through the Long-Term Care Facilities (LTCF) component, where COVID-19 data is reported on a weekly basis, or through the Healthcare Personnel Safety component. Only data reported through the Healthcare Personnel Safety (HPS) component satisfies reporting requirements for the SNF Quality Reporting Program measure Influenza Vaccination Coverage among Healthcare Personnel. Any flu vaccination data reported through the LTCF component will not be submitted to SNF QRP. To avoid confusion and reporting mistakes, NHSN has announced that they will be removing the flu vaccination data elements from the LTCF component in January. Information and resources to assist with reporting in the HPS component can be accessed [here](#).

Availability and Prioritization for Tamiflu. With cases of flu on the rise, the Biden Administration last week directed states and jurisdictions to utilize Tamiflu from state stockpiles that had previously been reserved for pandemic flu. This week, HHS increased access by opening up the national stockpile. CDC circulated [this clinical guidance](#) on December 14 providing information on prioritization for Tamiflu and other antivirals recommended for treating flu when Tamiflu is unavailable.

The Advisory Board Releases Consumer Tool About End-of-Life Conversations. In a new [infographic](#), the Advisory board walks consumers through three conversations to have about end-of-life care to destigmatize talking about death and dying. Included in the conversations is a discussion about the impact of end-of-life care on quality and cost for individuals, looking at the difference between hospice and palliative care, and how patients can have more control over end-of-life decisions.

Updated PRF Reporting Resources for RP4 will be available January 1. HRSA informed LeadingAge on December 22 that it is in the process of updating reporting resources such as the critical Reporting Portal User's Guide to reflect the new reporting requirements issued in October. HRSA stated these materials will be available when the portal re-opens on January 1 for Reporting Period 4. They also said that contrary to what we were previously told, they will NOT be holding a technical assistance webinar on the new reporting requirements. Fear not, LeadingAge and experts from CLA will be reviewing the updated materials and hosting a **"Getting Ready for the New PRF and ARP Rural Reporting Requirements"** webinar on February 2 at 2 PM ET to walk aging service providers through all they need to know to successfully report in 2023. Members can register for the webinar now, [here](#).

REMINDER: PRF Reporting Period 4 Begins January 1, LeadingAge Webinar on New Reporting Requirements on February 2. PRF and ARP Rural Payment reporting begins again January 1, 2023 for those who received these payments between July 1 and December 31, 2021. Since this is the first time for reporting on ARP Rural, HRSA has updated the reporting requirements to reflect this new reporting and the interplay with the PRF payment reporting. There are also some key changes on how much longer providers will be able to apply these funds to lost revenues. As of now, HRSA has not yet updated their Reporting Portal User's Guide nor some of their other reporting resources to reflect these changes. We have asked them when these key reporting resources will be updated and are awaiting a response. Our recommendation for now is: 1) providers who have never reported on PRF should be ready to register in the reporting portal when it opens in the new year (Here is a link to the **Reporting Portal Registration User Guide**: <https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/prf-reporting->

[portal-registration-user-guide.pdf](#)); 2) for returning providers should wait to begin completing their reporting until the supporting resources are up-to-date; and 3) Sign up for the February 2 LeadingAge webinar on the New PRF Reporting Requirement (see above).