

Friday, December 9 2022

**Highlights for LPCs:**

**LPC December Member Network Meeting.** Join us for the next LPC meeting on Thursday, December 15 at 2:00 PM ET. The panel discussion will focus on the intersection of mission, workforce and DEI, and will feature Mary Klein, Chief Human Resources Officer of Westminster Communities of Florida, and Paul Spence, VP of Business Development for United Methodist Healthcare Recruitment. We will learn about their very successful [Afghan refugee resettlement](#) and [Philippian workforce recruitment programs](#), respectively. If you have not received the meeting invitation, or wish to register, please contact Dee at [dpekruhn@leadingage.org](mailto:dpekruhn@leadingage.org). All members are welcome!

**ICAA Releases White Paper on [Funding the Wellness Model](#).** At their annual conference in June, the International Council on Active Aging held a think tank discussion with industry thought-leaders on the business case for a wellness culture - and how to fund it. As with prior years, ICAA now had released a thought-provoking white paper that summarizes the discussion and offers next steps to interested providers. A core consensus on the wellness 'business case' was the connection between an organization's investment in a wellness culture and the downstream cost-savings and increased revenue that are a result of the improved health, wellbeing and satisfaction of stakeholders (these include, for the purposes of the white paper, "residents and nonresidents.") The paper also posits that well-integrated wellness culture should include all departments, staff and professions - both clinical and nonclinical - and data on outcomes related to improved wellness of all stakeholders should be reported broadly throughout the organization. Seven examples were given and explored regarding the value of wellness to 'the bottom line;' these include how a wellness culture can stabilize occupancy in IL, can promote a prevention approach that is appealing to Medicare Advantage program partners, and can create an environment that attracts privately-paying "non-residents" in for meals, programs, and care services. The paper identifies three core elements that are needed to integrate wellness across an organization: 1) a universal definition of 'wellness,' 2) a culture of wellness that is operationalized and 3) the inclusion of both clinical and nonclinical professions in the wellness culture. Ten funding sources are described that can operationalize an integrated wellness culture; four ways to 'make the case' to potential funders include 1) detailed outcomes reporting, 2) well-documented results, 3) data that shows how costs rise with care acuity and 4) matching the funders' values and goals with the results that the wellness program can generate. Helpful charts and checklists are included in the appendices of the white paper, including the description of metrics for key performance indicators, and planning worksheet for funding, metrics and culture.

**Registration Open for February 2, 2023 Provider Relief Reporting Webinar.** LeadingAge will be hosting a webinar February 2, from 2-3:30 pm ET, on the new reporting requirements for the Provider Relief Funds and the American Rescue Plan (ARP) Rural payments. These reporting requirements take effect with the next reporting period which opens January 1, 2023. LeadingAge Bronze Partner CLA will help walk aging service providers through the changes to the reporting requirements, including the considerations when providers are reporting on both PRF and ARP Rural funds, and how to plan for the end of the ability to report on lost revenues. Registration is now open for the webinar by clicking: [Getting Ready for the New PRF and ARP Rural Reporting Requirements](#).

**Missing Middle Housing: Next Steps.** Despite “significant progress” in zoning reforms to allow the construction of small-scale, missing middle homes in what were formerly single-family-only neighborhoods, the authors of a new report from the Turner Center for Housing Innovation at UC Berkeley, find that regulatory, financing, and construction barriers still pose challenges to making such housing a more widespread form of housing development. The report, *Unlocking the Potential of Missing Middle Housing*, examines the obstacles facing developers who specialize in missing middle housing ranging in size from ADUs and duplexes up to twelve-unit multifamily projects. The report draws on insights from roundtable conversations earlier this year and explores the history and benefits of missing middle housing. Finally, the report makes recommendations for state and local policy change to encourage more homebuilding of this housing type. Read the report [here](#).

#### ***Medical / COVID-19 Related Updates:***

**QIO Assistance for Vaccination and Therapeutics.** At the end of November, the Biden Administration announced a six week campaign to get all Americans up to date with COVID-19 vaccination. Concurrently, HHS launched an initiative to increase uptake of vaccines and therapeutics. As part of this initiative, CMS has tapped the QIOs to provide technical assistance to nursing homes. This assistance is open to all nursing homes and can include assistance with mobile vaccination clinics, answering vaccine and therapeutics questions, assistance identifying vaccine supply and vaccination resources including healthcare providers to administer vaccines, assistance with reporting issues, and connecting with other nursing homes in the area to share insights into successful vaccine uptake. Reach out to your QIO directly to request assistance. Locate and contact your QIO [here](#) or email Colleen Frey [colleen.frey@cms.hhs.gov](mailto:colleen.frey@cms.hhs.gov).

**LeadingAge Clinical Advisors Discuss Treatments.** On December 6, LeadingAge Clinical Advisors met with Dr. Tom Tsai of the White House COVID team to talk about underuse of oral treatments for COVID. According to White House and CDC experts and other infectious diseases clinicians, 100% of people over 50 who test positive for COVID and have symptoms should take oral therapeutics. Tom talked about some of the barriers, which LeadingAge clinical advisors said they have seen as well – concerns about the risks especially contraindications with certain prescription medications; misinformation that supply is limited; and prescribers being unwilling to prescribe. One solution is using the [action plan](#) described in item #3 below.

**Walgreens, DoorDash, and Uber partner to provide free delivery of Paxlovid.** On December 8, Walgreens launched a new partnership with DoorDash and Uber to provide free delivery of the COVID-19 oral treatment Paxlovid. The announcement noted that free delivery will be available to anyone who lives within 15 miles of a participating location. Since more than 8,000 Walgreens locations offer same day delivery service, Walgreens estimates about 92% of the population would have access to the program. Eligible patients must have a Paxlovid prescription from a healthcare provider. After the pharmacy has filled the prescription and before it gets picked up, individuals can go online to select “Same Day Delivery” by visiting [Walgreens.com/PrescriptionDelivery](https://Walgreens.com/PrescriptionDelivery), the Walgreens app or by calling their store. [Click here for additional information on the announcement](#).

**Develop your COVID personal action plan now.** With COVID cases on the rise again during the fall and winter months, it’s more important than ever to have a personal action plan in place for you and your family. Don’t wait until you get sick before deciding what to do. This template has been developed by

the Centers for Disease Control and Prevention (CDC) so everyone has the tools and information necessary to put a plan together now. [Check out the COVID Personal Action Plan here](#). The template can be shared with residents, clients, patients, anyone served or cared for by LeadingAge members, too.

### ***Advocacy Updates and Hill News:***

**LeadingAge Writes in Opposition to Proposed NLRB Rule.** On December 7 LeadingAge submitted [comments](#) to the National Labor Relations Board (NLRB) voicing opposition to a proposed rule that would significantly expand the standard for determining whether separate entities may be considered “joint employers” of particular employees under the National Labor Relations Act. This standard is very important, because if an organization is considered to share or codetermine certain terms and conditions of employment for another organization’s employees, both organizations may be required to bargain with a union representing jointly employed workers, and each organization may be liable for unfair labor practices committed by the other. Our comments emphasized that the expansive breadth of the proposed standard would unreasonably impose risks on organizations of expanded collective bargaining obligations and of liability for unfair labor practices committed by those organizations’ business partners with respect to their own employees. We will continue to follow the progress of this proposed rule, which we expect to be finalized during the first quarter of 2023.

**White House Spells Out Needs if There is a Year-Long CR, Includes Immigration Policies.** As reported yesterday, on December 5, the White House has transmitted a [list of needed exceptions, or “anomalies,” to any possible continuing resolution](#) that keeps federally appropriated programs funded at fiscal year 2022 levels through the duration of fiscal year 2023. The FY 2023 Full Year CR Anomaly request also includes funding programs that impact immigration policies that might be of interest to aging services stakeholders.

- The FY 23 Full Year CR Anomaly Request is proposing an additional \$490 million to extend the U.S. Citizenship and Immigration Services. The request includes \$375 million for asylum processing/adjudication, \$256 million for backlog reduction and \$134 million for refugee processing.
- The FY 23 Full Year CR Anomaly Request includes a \$3.9 billion in funding beyond current resources for the HHS Office of Refugee Account, which includes \$2.1 billion for Unaccompanied Children, and \$1.8 billion for refugees.

Additionally, there are several non-funding issues. Of note, is the State Department’s Afghan Special Immigrant Visas (SIV) program. The request emphasizes the justification for the FY 2023 Budget request which includes a proposal to add 4,000 Special Immigrant Visas for our Afghan allies, and to extend the program to sustain our commitment to resettle vulnerable Afghans who have supported our mission in Afghanistan for the past two decades. The Administration requested to further increase the SIV cap in FY 2023, and notes Congress has not yet acted to expand and extend the program. Additionally, the FY 2023 draft Senate State, Foreign Operations, and Relate Programs bill includes such an extension, and it must be included in a full-year CR if not enacted in other legislation to meet our commitments to our Afghan allies.

**Bipartisan “DACA/Border” Immigration Deal Could Include a LeadingAge Priority.** Senators Thom Tillis (R-NC) and Kyrsten Sinema (D-AR) have negotiated an agreement on a draft framework of immigration reform that impacts the fate of Deferred Action for Childhood Arrivals (DACA) recipients and achieving a

more orderly process for asylum seekers at the southern border. This compromise to allow some undocumented immigrants who came to the country as children to avoid deportation and earn permanent status. The draft framework represents a critical step forward to incorporate long-standing priorities to secure the southern border. If passed, the border security components of this bill would represent Congress's biggest step forward to ensure we have a secure border in many years.

We have also received reports that this draft agreement could make long-needed adjustments to the legal immigration system to recapture unused green cards, which will help employers fill and create jobs, and bring down inflation. In a recent letter to Congressional leaders, LeadingAge referenced the Health Care Workforce Resilience Act (S. 1024, H.R. 2255), that would recapture unused employment-based immigrant visas and make them available to 40,000 foreign nurses and doctors -- as one of the legislative proposals that should be included in the final year-end legislative package, that would help ensure aging services providers can meet the needs of older adults who are in need of services.

Additionally, in a [letter](#) sent last week, LeadingAge urged Congress to work together to find a compromise to address the DACA program and those with Temporary Protected Status (TPS). Additional details on the Bipartisan "DACA/Border" Immigration Deal will be shared as the framework for this bill is finalized.