

**Highlights for LPCs:**

**Updated PRF Reporting Resources for RP4 will be available January 1.** HRSA informed LeadingAge today (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 Requirements so they understand how to maximize use of their PRF payments under the new rules (this advice will come from Bronze Partner CLA experts). They can register for the **February 2 Webinar, "Getting Ready for the New PRF and ARP Rural Reporting Requirements"** [here](#). For now, they should relax and enjoy the holiday. We will have the latest for them on reporting in the New Year!

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

**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

**All Hands On Deck – Up to Date Residents Percentage Climbing!** According to the most recently available data from CMS, released today, 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 today's 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 tomorrow, December 23. It will be posted on the [All Hands On Deck landing page](#) in the LeadingAge website and included in the Nightly Update tomorrow.

**ACL Awards Grants to Increase Number of Older Adults who are Up to Date with Vaccines.** Only 14% of eligible adults have gotten the bivalent booster. The HHS Administration for Community Living (ACL) announced on December 19 two major grant awards totaling \$125 million to rapidly increase the number of older adults and people with disabilities who are up to date with their COVID-19 vaccines (i.e., have had bivalent boosters). USAging was awarded \$75 million to establish and leverage partnerships with various entities mostly supported by ACL. The National Council on Aging received \$50 million to build and leverage partnerships with senior centers, community centers, and local community organizations. Additional information is available [here](#). These grant programs will be available to vaccinate and boost community residents, including many served by LeadingAge home care and other HCBS member organizations.

**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.

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

**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 tonight, December 22; members have been warned it may be a long evening.

**LeadingAge Workforce Wins in Omnibus – More Details.** As reported previously, the Omnibus bill released December 20 and passed by the Senate on December 22 included several workforce provisions for which LeadingAge staff and members advocated. Here is an article with more details on workforce provisions included in the bill. Unfortunately, absent are several of the foreign workforce immigration policies, which were highlighted in the [November 28, LeadingAge letter](#) urging Congress to support proposals that would help ensure aging services providers can meet the needs of older adults who are in need of services. We will continue to advocate for these when the new Congress convenes in January. You can access the LeadingAge article [here](#) with additional details.

**LeadingAge Comments on Proposed Employment and Labor Rules.** LeadingAge submitted comments this month on two proposed rules relating to employment and labor matters. As we shared previously, on December 7 LeadingAge submitted [comments](#) to the National Labor Relations Board 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 one organization is deemed a joint employer of another organization’s employees, both organizations may be required to bargain with a union seeking to represent a group of 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.

On December 13 LeadingAge submitted a [comment letter](#) to the U.S. Department of Labor, Wage and Hour Division (DOL), which has proposed to revise the current framework for determining whether a worker is an employee or an independent contractor under the Fair Labor Standards Act (FLSA) – the classification that governs whether a worker is entitled to minimum wage and overtime pay. We acknowledged the importance of protecting workers from misclassification but noted that DOL must also recognize that independent contractors serve an important role and provide a clear, reasonable, consistent approach for businesses that wish to engage independent contractors. We will continue to follow the progress of these proposed rules, which we expect to be finalized during the first quarter of 2023.

**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.

**States Rural Development Network Grant Program (Delta Program).** This three-year program will support integrated health care networks to achieve efficiencies; expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and strengthen the rural health care system as a whole. HRSA intends for the Delta Program to address gaps in service, enhance systems of care, and expand capacity of the local rural health care system.

The Delta Program's goals are to:

- Expand access to care resources in the [designated Mississippi Delta counties/parishes](#); (For a complete list of eligible counties see pages 10-12 of the [Notice of Funding Opportunity](#).)
- Utilize evidence-based, promising practice, or value-based care models known to improve health outcomes, and enhance the delivery of health care services;
- Collaborate with network partners in the planning, delivery, and evaluation of health care services to increase access to care and reduce chronic disease; and
- Implement sustainable health care programs that improve population health, health outcomes, and demonstrate value to the local rural communities.

Eligible organizations must be domestic public or private, non-profit or for-profit entities, including faith-based, community-based, tribes and tribal organizations. The applicant organization may be in a rural or urban area, and must have demonstrated experience serving, or the capacity to serve, rural underserved populations. The applicant organization must represent a network that includes at least three or more health care provider organizations and at least 66 percent (two-thirds) of network partners must be located in a [HRSA-designated rural area](#).

As FORHP continues to focus on sharing program outcomes, the identification and dissemination of rural evidence-based models maintains a priority. The [Rural Health Information Hub](#) (RHihub) consists of a number of resources, including successful [program models](#) and [evidence-based toolkits](#). FORHP will hold a webinar for applicants on **Wednesday, January 11, 2023, from 2:00 -3:30 PM ET**. Log-in information is below:

- Weblink: <https://hrsa.gov.zoomgov.com/j/1617265582?pwd=bEYyOUdBV1N4ZllwMmxQa2hyL216Zz09>
- Call-In Number: 833-568-8864
- Participant Code: 14527157

**U.S. Seeks to Reduce Homelessness by 25% by 2025.** The U.S. Interagency Council on Homelessness released “All In: The Federal Strategic Plan to Prevent and End Homelessness” on December 19. The Plan is a multi-year roadmap “to create the systemic changes needed to end homelessness in our country.” The Plan establishes an initial goal to reduce overall homelessness by 25% from the Point-in-Time Count in 2022 by 2025. To drive progress toward this ambitious goal, USICH will develop

implementation work plans and begin putting the strategies in the plan into action during this fiscal year. “While housing is the solution to homelessness, the United States suffers from a severe shortage of safe, affordable, and accessible rental housing,” the Plan says. With hundreds of others, LeadingAge commented on the Plan’s development in December 2021, calling for a national focus on preventing and ending homelessness among older adults, which is on the rise, and improving data on older adults experiencing homelessness. “After steady declines from 2010 to 2016, homelessness in America has been rising, and more individuals are experiencing it in unsheltered settings, such as encampments. This increase stems from decades of growing economic inequality exacerbated by a global pandemic, soaring housing costs, and housing supply shortfalls,” the Plan says. As part of the Plan’s strategy to maximize the use of existing federal housing assistance, USICH and relevant member agencies will conduct a comprehensive review of available policy mechanisms that can increase access to federal housing programs among people experiencing or at risk of homelessness, including eligibility, admissions preferences, referral partnerships, funding incentives, and administrative fees. Read the Plan [here](#).