

Friday, March 17 2023

Highlights for LPCs:

LPC March Member Network Meeting. Join us for the next LPC Network Meeting on Thursday, March 23 at 2:00 PM ET (waiting room opens at 1:45 PM). This month's discussion will focus on innovative workforce recruitment and retention practices from the diverse perspectives of industry experts from Kare, Sodexo, WeCare Connect and other thought leaders in our field. All LeadingAge members are welcome; if you have not yet received this month's invitation, or would like to register for the Network, please email Dee (dpekruhn@leadingage.org).

Webinar: Let's Talk About Federal Advocacy. On Thursday, March 23, 2 – 3:15pm ET, LeadingAge is hosting the last of a three-part advocacy webinar series designed to help leaders of color become involved in advocacy, understand the process at the state and federal levels, and examine the importance of their unique perspective in public policy and advocacy. This session will focus on how leaders of color can get involved in advocacy at the federal level. Members of the LeadingAge public policy and advocacy team will provide an overview of the federal advocacy process, discuss their federal advocacy agenda and outline ways leaders of color can work with LeadingAge to meet shared advocacy goals. A leader of color will offer guidance on how other leaders can work with the executive and legislative branches at the federal level to advance better national policy that address the needs of their organizations, the people those organizations serve, and the team members who deliver services and supports. You'll take home useful resources available to LeadingAge members interested in advocacy. Panelists are: Fernando Torres-Gil, M.S.W., Ph.D., Professor, Social Welfare and Public Policy; Director, Center for Policy Research on Aging at UCLA Luskin School of Public Affairs; Ruth Katz, Senior Vice President of Public Policy/Advocacy, LeadingAge; Linda Couch, Vice President of Housing Policy, LeadingAge; Deke Cateau, Chief Executive Officer, A.G. Rhodes and LeadingAge Board Member; Moniqua Acosta, Director of Volunteer Services, Landis Homes Retirement Community and Vice Chair, LeadingAge Leaders of Color Network Advisory Board; and Karen Gipson, Chief Mission Advancement Officer, Aldersgate and Chair, LeadingAge Leaders of Color Network Advisory Board. Register for the webinar [here](#).

NIC Wave 50 Survey Results Released. NIC has just [released](#) its latest Executive Summary WAVE survey, which gathers data from 58 seniors housing operators across the country. New questions were asked in this survey that shed new insights on workforce issues as well as inflation cost pressures. When asked in what areas organizations are utilizing technologies to recruit and retain employees, the vast majority indicated HR (86%) followed by operations (67%) and marketing (59%.) Most commonly deployed HR technologies included those geared towards staff recruitment, retention, onboarding and training; operations technologies deployed included voice-activated rooms, EMR and medication distribution. A majority (67%) of respondents expected to use less staffing agency support in the coming months. Another new question explored how the current interest rate environment is impacting organizations' investment in properties. Across all provider types, purchasing new properties was reportedly the highest-impacted area, followed by recapitalizing properties and selling properties. Respondents were also asked about the partnerships with health care risk-sharing entities they may be exploring (including either accountable care organizations or Medicare Advantage plans;) 55% were not exploring these at

all, and 26% are not yet, but in ‘active conversations.’ When asked about all other challenges facing their organizations, the most frequent given was rising operating costs, followed by staff turnover, and recruiting new staff; these responses are consistent with many of the previous Wave surveys.

REMINDERS – Provider Relief Reporting Deadline – March 31. Members are reminded that they must submit their Reporting Period 4 Provider Relief Fund reports if they received PRF payments between July 1 – December 31, 2021. Providers who fail to report will be required to return funds received. LeadingAge hosted a webinar with PRF experts from CLA on the updated reporting process in February and the recording of the webinar is available on the Learning Hub, [here](#).

HRSA Continues to Send PRF Repayment Notices. These notices are being sent to non-compliant providers via certified mail and email. This is the first step in debt collection. Providers who believe that they have received a repayment notice an error (e.g., they are not required to return or submitted all required PRF reports) can seek a Decision Review. Providers only have 60 days from receipt of the notice to submit a decision review request. This is the final appeal process for all PRF decisions so it is critical that providers take action. More details on the notices and decision review can be found in this LeadingAge [article](#).

Call for Data: State of Seniors Housing 2023. Together with several of our partner associations, LeadingAge asks all members who offer Independent Living, Assisted Living, Memory Support and/ or are a CCRC/ LPC to participate in the annual data-gathering for the State of Seniors Housing publication. This publication offers many of the comparative data sets that members seek throughout the year, including financial, workforce, and service line statistics. The deadline to participate is April 17, 2023, and all participants will receive a free copy of the final report. For more information, you can access more details [here](#) or contact Colleen Blumenthal at colleen.blumenthal@healthtrust.com.

Could State-Based LTC Insurance Work? The Long-Term Care Discussion Group’s monthly virtual meeting, set for **Thursday, March 30 from 2:00 – 3:00 PM ET** will focus on “[Exploring Stakeholder Perspectives on State-Based Catastrophic Long-Term Care Coverage](#).” Presenters John Cutler and John O’Leary will talk about their Society of Actuaries-sponsored study of various stakeholders’ views on backend (or catastrophic) coverage. The discussion will cover findings in the report, highlighting support and challenges for such a program, support (or not) for a mandatory program, concerns about the viability of a tax increase to support the program, and recognition of the value of working with existing programs (Medicaid and private LTC insurance). One take home in this report is that there’s a lot of support for a public LTC benefit, but little appetite to increase payroll deductions to pay for it.

Medical / COVID-19 Related Updates:

FDA Guidance on PHE Ending. The Food and Drug Administration (FDA) published notice in the Federal Register on March 13 with updates to guidance documents issued during the public health emergency (PHE). Specifically, the FDA outlines which guidance documents will end with the PHE and which will be extended for a limited amount of time. FDA states, “Importantly, the ending of the PHE . . . will not impact FDA’s ability to authorize devices (including tests), treatments or vaccines for emergency use. Existing emergency use authorizations (EUAs) for products will remain in effect and the agency may continue to issue new EUAs going forward when criteria for issuance are met.” Read more [here](#).

Vulnerable Populations and Emergency Planning. CDC’s [EPIC Exchange](#) released on March 14 focuses on disparities and vulnerabilities during disaster. Among the populations identified as facing increased risk are people with disabilities or mobility challenges, people facing homelessness, and LGBTQIA+.

While many aging services providers likely consider people with disabilities or mobility challenges in emergency planning, it is important to review your emergency plans to ensure accommodation of special needs of each of these identified populations. LeadingAge was recently notified of surveyor attentiveness to general considerations for transgender individuals in at least one state and it is likely more will follow. We encourage providers to review all policies and operations to ensure proper identification and accommodation of the needs of your unique community populations.

Committee Recommends Full approval of Paxlovid to FDA. On March 16, following a meeting of the Antimicrobial Drugs Advisory Committee, the committee recommended the FDA approve Paxlovid. The drug has been available under an emergency use authorization for over a year. LeadingAge submitted [comments](#) to the committee and FDA in support of approval, highlighting provider experiences and ongoing needs for safe and effective COVID-19 mitigations.

The WHO's going Greek. The World Health Organization (WHO) won't name new subvariants of Omicron that it doesn't think pose a significant public health threat, while those that it does will get their own Greek letter name. So there may be a Sigma or Upsilon variant to come, but not another XBB.1.5, the main variant in the U.S. right now. The WHO stressed that the new classification system doesn't imply that the circulation of Omicron strains no longer poses a public health threat. [Read more here.](#)

Shortened Life Expectancies Were More Likely to Affect People of Color During the Pandemic. The Kaiser Family Foundation's [Annual Update of Key Health Data Collection by Race and Ethnicity](#), released today, offers wide ranging measures of health and health care by race and ethnicity. Written in chartbook format, the document offers a graphic plus an explanation of it for each of the measures included. Overall, the analysis found that Black, Hispanic, and American Indian/Alaska Native people fared worse than White people across the majority of examined measures of health, health care, and social determinants of health. For example, while all groups experienced a decrease in life expectancy during the pandemic, people of color experienced a larger decrease. Among the social determinants, home ownership showed huge variance, with a rate of 77% for White individuals and 48% for Black individuals. The document provides a useful guide for health care and social service policy makers looking to target change for the greatest equity impact.

Advocacy Updates and Hill News:

Good news – a LeadingAge win. ERC and Medicaid Cost Reports and Rates. You may recall that some states had indicated that they would be treating Employee Retention Credit (ERC) funds like tax credits for the purposes of Medicaid cost reports, and this had the potential to reduce future Medicaid nursing home rates. LeadingAge along with AHCA met with CMS back in February to share our concerns with these practices and request CMS to take a position that they should be treated like other relief funds (one-time revenues). At that time, CMS asked for time to consider the issue. We have heard that CMS will be notifying states this week that the ERC funds should be treated like other COVID relief funds (e.g., PPP, PRF) and NOT like a tax credit on Medicaid cost reports.

“It's Getting Scary in Aging Services;” Results of the LeadingAge Member Snap Poll and a Blog Post. Close to 900 LeadingAge members responded to LeadingAge's informal snap poll on workforce challenges, conducted between the end of February and the second week of March. Almost all nursing home respondents – 92% - and 70% of assisted living provider respondents said their workforce shortage is significant or severe. Here are a brief article on the [Toplines](#) from the survey results and a

[blog post](#) on the results and policy solutions for which we are advocating. The survey results give us more power to reflect member input and first-hand experience, significantly increasing the impact of our advocacy with policy makers.

Medicare Advantage Must Change. LeadingAge Publishes Comprehensive Recommendations. As Medicare Advantage enrollment has grown, the challenges faced by providers and beneficiaries have also mounted. Without changes to current MA policies, there will be impacts across the health care system. Providers are at a breaking point. A new LeadingAge white paper, “Fulfilling the Promise: Medicare Advantage,” is a culmination of comments and concerns LeadingAge has raised with CMS and policymakers interwoven with member examples and detailed actions needed to change these current trends. This important advocacy piece gives voice to the financial and ethical struggles providers face daily when caring for MA enrollees and the barriers MA plans construct to limit enrollees’ access to care. To read the full paper, click [here](#), and a LeadingAge article is [here](#), and our press release can be found [here](#)

News from LeadingAge

[Celebrate! Your Career in Aging – New Resource from LeadingAge.](#) In this 7-minute QuickCast, Jenna Kellerman shares several social media resources and activity ideas that LeadingAge members can use during March 26 - April 1 to celebrate Careers in Aging Week.

LeadingAge Leadership Summit. We often hear from LeadingAge members that there is little time for future planning due to navigating day-to-day operations, keeping up with change, and addressing ongoing challenges. The [LeadingAge Leadership Summit](#) gives members the much-needed time to step back and come together to think big(ger) and creatively build a stronger, sustainable, and resilient future in aging services. [Read more about the keynote speakers, 75 diverse voices, and 30+ sessions that will inspire at the 2023 Leadership Summit.](#)