

What's new with the Delta Variant (it changes daily) and what does the surge mean for aging services providers? Check out upcoming LeadingAge Coronavirus Update Calls to find out. All calls are at 3:30 PM ET. On Monday, August 16, we will welcome **Dr. Megan Ranney**, an emergency room physician and researcher who will share her thoughts on what is happening on the ground with the surge in new cases. She also is the founder of Get Us PPE and will share her thoughts on resources to help providers obtain PPE. On **Wednesday, August 18,** we will welcome back **Dr. Ali Mokdad** from the Institute of Health Metrics and Evaluation at the University of Washington. He will provide the latest updates on the trending data on COVID and take your questions on what we can expect in the fall. If you haven't registered for the calls, [you can do so here.](#)

Payment for COVID-19 Vaccine Additional Dose: Medicare stands ready to pay for administering an additional dose of COVID-19 vaccine consistent with the FDA emergency use authorization (EUA). They will pay the same amount to administer this additional dose as they did for other doses of the COVID-19 vaccine (approximately \$40 each). More information in the coming days about billing and coding. For more information:

- [View the FDA announcement](#)
- [CMS COVID-19 Provider Toolkit](#)

Provider Relief Fund Webinar Recording Now Available. If you missed the LeadingAge "Complying with the New Provider Relief Fund Reporting Requirements" webinar on July 27, you can still access it [here](#). The recording is now available on the LeadingAge Learning Hub. It walks providers through step-by-step what they need to know, where the risks may be and includes 45-minutes of Q &A to help aging service providers understand what they need to report. The first report is due September 30.

SNF and Hospice Quality Reporting Program. A reminder to SNFs and Hospices that received July notices that they are considered non-compliant with their respective Quality Reporting Program requirements...the deadline to request reconsideration of this status is this Friday, August 13 at 11:59 PM ET. Please don't confuse this deadline with deadlines to report first quarter 2021 data. Remember non-compliance will result in a 2% annual rate reduction beginning October 1, 2021. [Here](#) is an article on these non-compliance notices.

Health Affairs Blog Post on WISH Act. Marc Cohen and Stuart Butler wrote a [blog post about the WISH Act](#), Representative Tom Suozzi's (D-NY) public-private catastrophic long-term care financing proposal; the post was published today in Health Affairs. In "The Middle Ground for Fixing Long-Term Care Costs: The WISH Act," Cohen and Butler quickly outline the current failures of the LTC insurance market and emphasize how Mr. Suozzi's WISH Act proposal will provide flexible benefits since one size does not fit all, value caregiving, stabilize the private insurance market, reduce Medicaid spending and advance health equity, achieve fiscal sustainability, and fill gaps.

Health Affairs Blog Post on CMMI. CMS and CMMI leadership wrote a blog post in Health Affairs regarding lessons learned ten years into the Center for Medicare and Medicaid Innovation (CMMI) and their vision for the future of CMMI which includes focuses on health equity, affordability, and system transformation among other goals. The blog post can be found at <https://www.healthaffairs.org/doi/10.1377/hblog20210812.211558/full/>

Continuing the infrastructure saga...The Senate passed the Concurrent Budget Resolution (S. Res. 14) in a middle of the night on a party-line vote (50-49). As we have been reporting, this tees up development of a \$3.5T care infrastructure bill that is expected to pass under reconciliation, requiring only majority support in the Senate. Out of those trillions, LeadingAge is advocating for the full \$400B for HCBS, approximately \$55B for an FMAP increase for nursing homes, \$7.5B for low income senior housing, and \$1B for workforce development and support, along with expansion of Medicare to include dental, vision and hearing benefits, expanded access to affordable child care that will help support our workforce, among other provisions. The resolution directs House and Senate committees to develop legislation by September 15. The House is returning early from August “recess” to vote on the budget resolution and also begin work on concurrent legislation. We have developed a robust and substantial advocacy plan for the next month to make sure our voices are heard and the amounts needed for a strong LTSS system are not cut. Stay tuned, we will be calling on you to help!

Making the Case for Aging Services Investments. On August 9, LeadingAge sent a letter to Senate Majority Leader Chuck Schumer (D-NY) and all Senate Democrats, urging them not to short-change older adults and the providers who serve them in the \$3.5 trillion package now officially under consideration on the Senate floor. The letter calls for the budget reconciliation instructions to accommodate investments for the nation’s most pressing aging services needs, including \$400 billion for Home and Community Based Services to allow more older adults to get the help they need to grow older wherever they call home, including increasing pay for the staff who provide the help; \$7.5 billion to address the nation’s shortage of affordable housing for older adults with very low incomes through HUD’s Section 202 Supportive Housing for the Elderly program; \$55 billion to increase Medicaid reimbursement for nursing homes so they can pay wages that enable them to recruit and retain staff, especially front line workers; and a \$1 billion investment in the aging services workforce to implement strategies to strengthen recruitment, career, and training opportunities that our nation’s direct care workers need to care for millions of older Americans and people with disabilities. “For millions of older adults who are skipping meals to make the rent, or who need help with essentials like getting in and out of bed, bathing and eating, or who require affordable, 24/7 care —every dollar makes a difference,” said Katie Smith Sloan, president and CEO of LeadingAge, which represents more than 5,000 nonprofit aging services providers across the country in an August 10 statement on the Senate’s consideration of the historic package. “The upcoming reconciliation package must specifically provide for investments to address the nation’s most pressing aging services needs.” Read LeadingAge’s statement [here](#). Read LeadingAge’s letter [here](#).

Kaiser Family Foundation Releases New 50 State Survey on Medicaid HCBS responses to COVID 19: It looks at both impacts of COVID on HCBS programs and enrollees and early plans for use of the American Rescue Plan FMAP bump dollars. It can be found at: <https://www.kff.org/coronavirus-covid-19/issue-brief/state-medicaid-home-community-based-services-hcbs-programs-respond-to-covid-19-early-findings-from-a-50-state-survey/>

FROM HHS:

- 1. Understanding Variants:** Viruses constantly change through mutation, and new variants of a virus are expected to occur. Sometimes new variants emerge and disappear. Other times, new variants persist. Multiple variants of COVID-19 have emerged in the United States. At this point, the original variant that caused the initial COVID-19 cases in January 2020 is no longer circulating as newer variants have increased. View CDC's video on what you need to know about variants. See specific information on the Delta Variant.
- 2. FDA Testing updates:** As of last week, 399 tests and sample collection devices are authorized by the FDA under emergency use authorizations (EUAs). These include 279 molecular tests and sample collection devices, 87 antibody and other immune response tests and 33 antigen tests. There are 53 molecular authorizations and one antibody authorization that can be used with home-collected samples. There is one molecular prescription at-home test, three antigen prescription at-home tests, six antigen over-the-counter (OTC) at-home tests and two molecular OTC at-home tests. The FDA has authorized 13 antigen tests and eight molecular tests for serial screening programs. The FDA has also authorized 596 revisions to EUA authorizations.
- 3. New CDC-Funded Pilot Program in Georgia Uses Public Art to Increase Confidence in COVID-19 Vaccination:** To help build confidence in and increase demand for COVID-19 vaccination, Centers for Disease Control and Prevention (CDC) is partnering with the Georgia Department of Public Health (DPH) and several other organizations on an innovative community initiative leveraging local artists as trusted vaccine messengers. The COVID-19 Georgia Arts pilot is a unique collaboration between CDC, the David J. Sencer CDC Museum, DPH, Community Organized Relief Effort (CORE) Georgia, and two local arts organizations – Dashboard and Living Walls – to increase vaccine uptake through public art.
- 4. FEMA COVID-19 Funeral Assistance Tops \$968 Million:** FEMA has provided over \$968 million to more than 147,000 people to assist with COVID-19-related funeral costs for deaths occurring on or after Jan. 20, 2020. The assistance comes from the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 and the American Rescue Plan Act of 2021. Eligibility determinations are not driven by state/location; instead, they are based on when the applicant submits all required documentation.
- 5. Effectiveness of COVID-19 Vaccines in Preventing Hospitalization:** CDC released an *MMWR* on the effectiveness of the COVID-19 vaccine in preventing hospitalizations among adults aged ≥65 years. Clinical trials of COVID-19 vaccines currently authorized for emergency use in the United States (Pfizer-BioNTech, Moderna, and Janssen [Johnson & Johnson]) have shown high efficacy in preventing symptomatic (including moderate to severe) COVID-19. Among adults aged 65–74 years, effectiveness of full vaccination for preventing hospitalization was 96% for Pfizer-BioNTech, 96% for Moderna, and 84% for Janssen COVID-19 vaccines; among adults aged ≥75 years, effectiveness of full vaccination for preventing hospitalization was 91% for Pfizer-BioNTech, 96% for Moderna, and 85% for Janssen COVID-19 vaccines. Efforts to increase vaccination coverage are critical to reducing the risk for COVID-19–related hospitalization, particularly in older adults.
- 6. Rapid Increase in Circulation of the Delta Variant:** CDC released an *MMWR* on the rapid increase in circulation of the SARS-CoV-2 B.1.617.2 (Delta) Variant. The highly transmissible

B.1.617.2 (Delta) variant of SARS-CoV-2 has become the predominant circulating U.S. strain. During April–June 2021, COVID-19 cases caused by the Delta variant increased rapidly in Mesa County, Colorado. Compared with that in other Colorado counties, incidence, intensive care unit admissions, COVID-19 case fatality ratios, and the proportion of cases in fully vaccinated persons were significantly higher in Mesa County. Crude vaccine effectiveness against symptomatic infection was estimated to be 78% for Mesa County and 89% for other Colorado counties. Vaccination is critical for preventing infection, serious illness, and death associated with SARS-CoV-2 infection (including the Delta variant). Multicomponent prevention strategies, such as masking in indoor settings irrespective of vaccination status as well as optimal surveillance testing and infection prevention and control, should be considered in areas of high incidence.

- 7. Reduced Risk of Reinfection After COVID-19 Vaccination:** CDC released an *MMWR* on the reduced risk of reinfection with SARS-CoV-2 after COVID-19 vaccination. Reinfection with human coronaviruses, including SARS-CoV-2, the virus that causes COVID-19, has been documented. Currently, limited evidence concerning the protection afforded by vaccination against reinfection with SARS-CoV-2 is available. Among Kentucky residents infected with SARS-CoV-2 in 2020, vaccination status of those reinfected during May–June 2021 was compared with that of residents who were not reinfected. In this case-control study, being unvaccinated was associated with 2.34 times the odds of reinfection compared with being fully vaccinated. To reduce their likelihood for future infection, all eligible persons should be offered a COVID-19 vaccine, even those with previous SARS-CoV-2 infection. The CDC Newsroom issued a media statement on the study.
- 8. Hospital Surges May Be Deadly:** Working in collaboration with the Centers for Disease Control and Prevention, Harvard University, and Emory University, NIH researchers examined data from hospitals in the spring and summer of 2020 and found that COVID-19 patients were more likely to die in hospitals experiencing a sudden surge of patients. The researchers analyzed data from 150,000 people with COVID-19 at 558 hospitals from March to August of 2020. More than half of these patients arrived during surges. The researchers concluded that nearly 1 in 4 COVID-19 deaths among these 150,000 patients may have occurred as a result of hospitals being strained by COVID-19.