



Home Health and Hospice Weekly: Recap of LeadingAge Updates

July 1, 2022

Coronavirus Update Call Next Week. No call on Monday, July 4; LeadingAge is closed for Independence Day. Have you considered hiring international interns? Join us on Wednesday, July 6 at 3:30 PM ET to hear from a LeadingAge member who has done it. We will talk with **Kris Hansen**, CEO of Western Home Communities, who will discuss how he tackles the workforce shortage head on. Western Home Communities brings in international interns. The organization is taking steps to train and keep these interns for future positions in the organization. Learn about what it takes to make the program work, barriers, challenges, and benefits. 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.

Important Quarterly Update on Hospice Quality Reporting Program Now Available. A quarterly informational email for on the Quality Reporting Program (QRP) was sent today by Swingtech. The latest outreach communication can be found on the [HQRP Requirements and Best Practices webpage](#). The communications includes a review of the FY2023 Annual Payment Update, Public Health Emergency Updates, Public Reporting Refresh Dates as well as other critical updates. If you want to receive Swingtech's quarterly emails (or update your email) you can send an email to QRPHelp@swingtech.com. Be sure to include your facility name and CMS Certification Number (CCN) along with any requested updates.

LeadingAge Statement on CMS Home Health Prospective Payment System Rate Update. LeadingAge [issued](#) a statement on the CY2023 Home Health Proposed Rule released earlier this month. The proposed \$810 million annual Medicare payment reductions, considered alongside recent payment proposals for nursing homes and hospice providers, stand in stark contrast to the Biden Administration's stance on the importance of long-term care. How can the lofty goals of ensuring access to quality care and promoting equity be achieved when the financial equation does not add up?

LeadingAge sends letter on home health and other payment cuts to Secretary Becerra. LeadingAge sent a letter to Secretary Becerra today highlighting the devastating nature of the proposed home health payment cuts. The letter also highlights that the Administration's proposals across this year's PPS rules (SNF, HH, and hospice) do not match their rhetoric on promoting health equity, care in the home and community, or supporting older adults wherever they call home. The letter can be found [here](#).

Report Finds Duals Use Home Health at Higher Rates. A new [report](#) released by ATI Advisory, and supported by Arnold Ventures, found that individuals who were dually eligible for both Medicare and Medicaid services used home health care at twice the rate of Medicare only beneficiaries. While their use of these services was high, the report found that duals often experience worse health outcomes and hurdles to accessing care because of the lack of integration between Medicare and Medicaid. The report

also examined socioeconomic status and the communities in which dual eligible reside. One in four dually eligible individuals live in suburban or rural areas which struggle to provide home and community-based services for a number of reasons such as workforce retention, limited internet, and general lack of providers of long-term services and supports.

MAP PAC/LTC Work Group Weighs In on HH Measures for Removal. The Measure Applications Partnership(MAP) PAC/LTC work group met to review 10 home health quality reporting program measures for removal. LeadingAge sits on this work group. After a 6+ hour review and discussion, the group voted to retain 1 measure, to retain 6 measures under certain conditions (e.g. amend measure to look at whether the patient is stabilized vs. just improves on measure) ; to remove 2 measures once certain conditions are met; and to remove one measure without any conditions.

Here are the measures by recommendation:

- Support to Retain
 - Discharge to Community
- Conditional Support to Retain
 - Improvement on Dyspnea
 - Timely Initiation of Care
 - Improvement in Bathing
 - Improvement in Management of Oral Medications
 - Improvement in Bed Transferring
 - Influenza Immunization Received for Current Flu Season
- Conditional Support to Remove
 - Falls with Major Injury
 - Percent of Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- Support to Remove
 - Total Medicare Spending Per Beneficiary

The next step in for MAP to publish the work group recommendations and seek public comment beginning July 22, followed by a final vote by the MAP Coordinating Committee with final recommendations being published in September 2022. These recommendations and the work group comments are used by CMS in its rulemaking process for each of the quality reporting programs and value-based programs.

State Approaches to Increase Home and Community-Based Service (HCBS) Provider Capacity: Despite the growing reliance on HCBS, there is a shortage of available direct care workers (DCWs) to provide HCBS. As a result, state Medicaid agencies may struggle to connect beneficiaries in the community to adequate services. A recent MACPAC report identified “leveraging Medicaid managed LTSS programs” as a primary opportunity for addressing these challenges through contract requirements. This [tool](#) is intended to provide State Medicaid agencies with examples of how to encourage or require managed care entities (MCEs) and Dual-eligible Special Needs Plans (D-SNPs) to support state HCBS capacity building efforts.

LeadingAge California Workforce Win – LA-CA Awarded \$25 Million CNA and HHA Pipeline Project.

LeadingAge California recently [announced](#) it has been awarded more than \$25 million to administer grants to expand on certified nursing assistant (CNA) and home health care aide (HHA) pipeline, development, training and retention programs. The grant awarded by the California Health and Human Services (CalHHS) Department of Health Care Access and Information (HCAI), for “The Gateway-In Project,” will be administered over the next three years. The Gateway-In Project is expected to add 2,700 new CNAs and HHAs, by providing training and certification at no cost to the students, and additional incentives for retention at various intervals. Recipients will also be provided with stipends for transportation, food support, childcare, and career development. Some grantees will become dually certified CNAs and HHAs, and others will advance to LPN and RN training programs. For more information, visit the LeadingAge California [webpage](#).

What can states do to improve care for people who are seriously ill? [Here](#) is a summary of ideas and recommendations from small group listening sessions with Medicaid serving organizations, conducted from late 2021 to May 2022, including encouraging states to pursue strategies which better integrate Medicare and Medicaid benefits for dual-eligible beneficiaries. While ensuring access to palliative care may not be the main motivation for doing so, beneficiaries with seriously ill will especially benefit from integration.

988 Lifeline Transition Begins July 16. The U.S. will begin transitioning from using the 10-digit National Suicide Prevention Hotline number to a three-digit (988) number beginning on July 16. To help spread the word about the new 988 number, the Substance Abuse and Mental Health Services Administration has added downloadable print files for wallet cards, magnets, and posters to its [988 Partner Toolkit](#). The toolkit already includes [logo and brand guidelines](#), key messages, frequently asked questions, fact sheets (English and Spanish), radio PSA scripts (English and Spanish), and more. SAMHSA is also working to make the print materials available for ordering from the SAMHSA store and will be adding social media shareables by mid-July about the basics of 988.

LeadingAge Participates in Meeting with Dept of Education on K-12 Workforce Engagement. Today, LeadingAge LTSS Center and Policy Team staff, and LeadingAge Member, Jeff Farber, president and CEO, New Jewish Home, participated in a virtual meeting with Jessica Cardichon, Deputy Assistant Secretary, Department of Education (DOE), Office of Planning, Evaluation, and Policy Development and Emily Lamont, Special Assistant, DOE, Office of Career Technical and Adult Education. The meeting was an opportunity to discuss how LeadingAge could partner at the federal level on the need to train workers, and how to entice students into aging services careers at the primary, elementary and high school levels. The meeting also allowed LeadingAge to share an overview of a few successful programs that work with Community Colleges to provide allied health training, and successful LPN programs in high schools.

The meeting with DOE was catalyzed by the President’s comments in the State of the Union and in March where he called for a nursing home quality initiative. LeadingAge wrote a letter to the White House and copied Secretaries of many departments, including the Department of Education, saying we need a whole government focus. We also pointed out, the President’s initiative had to ensure there were enough workers, and he had to make sure workers are adequately trained and paid fairly. Jeff Farber highlighted the New Jewish Home’s Geriatric Career Development (GCD) program. GCD partners

with 10 public high schools in Harlem and the Bronx, helping to train sophomore, junior and senior high school students to receive allied health certifications. Jeff also requested the DOE consider replicating the GED program, that has graduated over 1,000 students, over 16 years, and many of whom are first generation immigrants.

DOE officials agreed that the aging services workforce is an excellent place to focus on training programs. They are working with the Departments of Labor and Commerce on an initiative called Career Connect and agreed to set up a time for LeadingAge to meet with staff from the other two departments, noting especially that DoL is very interested in new types of apprenticeship programs.

Exploring the Intersections of Person and Place: Healthy Aging for Adults with Long-Term Physical Disabilities. On Thursday, July 14, 2022 from 2:00 - 3:00 PM ET, Advancing States will host a webinar will focus conversation about healthy aging for people with long-term physical disabilities. There will be an interdisciplinary panel of experts that will discuss the importance of environmental factors, such as the built, attitudinal, and policy environments. They will cover topics including housing, social disconnectedness and isolation, and home and community-based supports, and focus on how individuals and communities can take steps to improve outcomes. [Click here](#) for the event flyer and [click here](#) to register.

FROM HHS:

- 1. Pfizer COVID-19 Vaccine Secured for Fall Vaccine Campaign:** The U.S. Department of Health and Human Services (HHS), in collaboration with the Department of Defense, [announced an agreement to purchase 105 million doses of Pfizer’s COVID-19 vaccine for a fall vaccination campaign](#), with options for up to 300 million doses. The contract announcement follows a June 28 meeting of the U.S. Food and Drug Administration’s (FDA’s) Vaccines and Related Biological Products Advisory Committee meeting, which recommended the inclusion of an Omicron component for COVID-19 booster vaccines in the U.S. The HHS Secretary Xavier Becerra shared that, “Vaccines have been a game-changer in our fight against COVID-19, allowing people to return to normal activities knowing that vaccines protect from severe illness.”
- 2. Inclusion of Omicron BA.4/5 Component for COVID-19 Vaccine Booster Doses:** The U.S. Food and Drug Administration’s independent experts on the [Vaccines and Related Biological Products Advisory Committee met to publicly discuss whether a change to the current vaccine strain composition of COVID-19 vaccines for booster doses](#) is necessary for the 2022 fall and winter seasons. Following the vote, and striving to use the best available scientific evidence, FDA has advised manufacturers seeking to update their COVID-19 vaccines that they should develop modified vaccines that add an Omicron BA.4/5 spike protein component to the current vaccine composition to create a two component (bivalent) booster vaccine, so that the modified vaccines can potentially be used starting in early to mid-fall 2022.
- 3. Evusheld Self-life Extension:** The FDA and HHS/ASPR [announced the authorization](#) of an extension to the shelf-life from 18 months to 24 months for specific lots of the refrigerated AstraZeneca monoclonal antibody, Evusheld (tixagevimab co-packaged with cilgavimab). Evusheld is currently

authorized for emergency use for pre-exposure prophylaxis of COVID-19 in certain adults and pediatric individuals. The agency granted this extension following a thorough review of data submitted by AstraZeneca. As a result of this extension, some batches may be stored for an additional 6 months from the labeled date of expiry (see Table 1 [here](#)). This extension applies to all unopened vials of Evusheld that have been held in accordance with storage conditions detailed in the authorized [Fact Sheet for Health Care Providers](#) and the EUA [Letter of Authorization](#) for Evusheld.

- 4. REGEN-COV Shelf-life Extension:** The FDA [authorized an extension](#) to the shelf-life from 24 months to 30 months for specific lots of the refrigerated Regeneron monoclonal antibodies, casirivimab and imdevimab, administered together or REGEN-COV. Due to the high frequency of the Omicron variant and its subvariants, REGEN-COV is not currently authorized in any U.S. region. Therefore, REGEN-COV may not be administered for treatment or post-exposure prevention of COVID-19 under the Emergency Use Authorization until further notice by the Agency. However, it is the recommendation of the U.S. Government that product be retained in the event that future SARS-CoV-2 variants, which may be susceptible to REGEN-COV, emerge and become prevalent in the U.S.

Some Workforce Wins for LeadingAge in House Appropriations bill for HHS. The House Appropriations Committee today released its reports accompanying the fiscal year 2023 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) appropriations bill, and its revised fiscal year 2023 subcommittee allocations. The LeadingAge Policy Team is currently reviewing the Committee Report, and highlighted a few notable HHS healthcare workforce allocations that appear in the Committee's report:

- \$3 million to fund a **Direct Care Workforce Demonstration Project**, to reduce barriers to entry for a diverse and high-quality direct care workforce, including providing wages, benefits, and advancement opportunities needed to attract or retain direct care workers.
- An additional \$3 million above the FY 2022 level for the **Geriatrics Workforce Enhancement Program (GWEP)**. The program 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.
- \$15 million to support **Crisis Workforce Development Service Models**, and more effective use of the behavioral health workforce by stabilizing individuals experiencing behavioral health crises in less intensive settings.
- \$44 million increase above the FY 2022 funding level for **Title VII Nursing Workforce** development programs.
- \$25 million to develop activities for the **Preventing Burnout in the Health Workforce Program**, to provide comprehensive and evidence-based support to prevent suicide, burnout, and mental and behavioral health conditions among health care providers.

The FY 2023 appropriations bill was advanced by a voice vote in the Labor-HHS Subcommittee on Thursday, June 23, and the report will be considered at tomorrow's full Committee markup. The bill report is [here](#). The text of the draft bill is [here](#).

Medicare Enrollment Details. Today, the Centers for Medicare & Medicaid Services (CMS) released the [latest enrollment figures](#) for Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP). These programs serve as key connectors to care for millions of Americans. As of March 2022, 64,361,274 people are enrolled in Medicare. This is an increase of 92,795 since the last report.

- 34,891,994 are enrolled in Original Medicare.
- 29,469,280 are enrolled in Medicare Advantage or other health plans. This includes enrollment in Medicare Advantage plans with and without prescription drug coverage.
- 49,957,572 are enrolled in Medicare Part D. This includes enrollment in stand-alone prescription drug plans as well as Medicare Advantage plans that offer prescription drug coverage.

Over 11.9 million individuals are dually eligible for Medicare and Medicaid, so are counted in the enrollment figures for both programs. Detailed enrollment data can be viewed **Error! Hyperlink reference not valid.**

House Energy & Commerce Committee Holds Hearing on Need for MA Oversight. The Committee heard from the Office of the Inspector General (OIG), General Accountability Office (GAO) and Medicare Payment Advisory Commission (MedPAC) about the problems they have observed through their respective work with the MA program, and the corresponding recommendations they have made to CMS to improve oversight. The problems identified include: delays and denials of prior authorizations for medically necessary services and payment decisions; plans sole use of certain tools—health risk assessments and chart reviews -- to increase the amounts they are paid for beneficiaries; the ineffectiveness of the Quality Bonus Program (current MA star rating system) to provide consumers relevant tools for evaluating their Medicare coverage selections; and concerns about the high proportion of MA enrollees who dis-enroll from MA in the final year of life primarily due to lack of access to specialty care providers. Overall, many committee members expressed support for the MA program, as it is popular with their constituents due to its lower out of pocket costs and access to supplemental benefits. However, many also agreed that the [OIG](#), [GAO](#) and [MedPAC](#) reports give guidance for where improvements are needed. If Congress opts to pursue such improvements, it may present an opportunity to include some of LeadingAge’s provider rights or protections initiatives.

CMMI releases Enhancing Oncology Model. CMMI announced a new model on June 27, 2022, called the [Enhancing Oncology Model](#). The Enhancing Oncology Model (EOM) aims to drive transformation and improve care coordination in oncology care by preserving and enhancing the quality of care furnished to beneficiaries undergoing treatment for cancer while reducing program spending under Medicare fee-for-service. Under EOM, participating oncology practices will take on financial and performance accountability for episodes of care surrounding systemic chemotherapy administration to patients with common cancer types. EOM is a 5-year voluntary model, beginning on July 1, 2023, that aims to improve quality and reduce costs through payment incentives and required participant redesign activities. CMS designed EOM to test how to improve health care providers’ ability to deliver care centered around patients, consider patients’ unique needs, and deliver cancer care in a way that will generate the best

possible patient outcomes. EOM supports President Biden’s Unity Agenda and [Cancer Moonshot](#) initiative to improve the experience of people and their families living with and surviving cancer. EOM aligns with the Cancer Moonshot pillars and priorities of supporting patients, caregivers, and survivors, learning from all patients, targeting the right treatments for the right patients, and addressing inequities. LeadingAge will look more closely at this model in the coming weeks for implications for members.

National Aging and Disability Transportation Center (NADTC) Trends Report. The [Annual Trends Report](#) reviews important topics in transportation from 2021, including an overview of Public Transit and Passengers with Alzheimer’s or Dementia, and Rural Volunteer Transportation Programs.

Surveyor vaccination expectations. CMS has rescinded the memo around surveyor vaccination expectations due to a question of CMS’s authority to mandate vaccination of state survey agencies. See this [LeadingAge article](#) for info on how nursing homes can manage this situation.

HRSA Announces special opportunity for providers who returned funds in Reporting Period 1. HRSA has sent a communication to providers who failed to report for Reporting Period 1 (RP1) funds (PRF received between April 10 – June 30, 2020) and as such returned the applicable funds before HRSA announced an opportunity for providers to submit a late reporting request. For these eligible providers, HRSA is offering to have their RP1 payment reissued if the provider completes a process to submit a late RP1 report. These providers will be able to submit a late report request for these RP1 funds between July 18 and July 29, 2022 at 11:59 p.m. ET. HRSA will send a link to eligible providers in the coming weeks. It is anticipated that funds will be reissued in October 2022 for those providers who complete the late reporting process for RP1. Providers can contact the Provider Support Line at 866-569-3522 with questions but should check their email boxes including spam folders for the email from HRSA that contains additional details about the process.

Provider Relief Reporting Period 3 Starts Friday, July 1. Providers who received PRF from January 1 – June 30, 2021 (last year) will need to submit reports on the use of those funds no later than September 30, 2022 at 11:59 p.m. ET. The reporting portal will open for reporting on these funds on Friday, July 1. Providers have until June 30, 2022 to spend the funds received. HRSA has indicated that it will not be updating the reporting guidance for Reporting Period 3. Its resources can be found [here](#). Now is a good time for member organizations to determine who will be responsible for reporting on which funds so there is no confusion and all reports are submitted by the deadline. Nursing homes should remember that they are the only entity that can report on the Nursing Home Infection Control incentive payments they received in January and February 2021, even if those funds were transferred to another part of their organization.

LeadingAge Asks USCIS to Fix Long Delays in Immigrant Petition Processing. On June 27, 2022, LeadingAge joined eight long-term and post-acute providers in a letter to the U.S. Citizenship and Immigration Services (USCIS), raising concerns about problems health care employers are experiencing when utilizing the I-140 Immigrant Petitions for Registered Nurses. The letter highlights four- to six-month delays in transferring I-140 Immigrant Petitions from the Texas Service Center to the National Visa Center. Only after a processed file reaches the National Visa Center can nurses proceed toward

employment. Healthcare employers who pay \$2,500 for “premium” expediting of each I-140 Immigrant Petition are doing so because of “the severe nursing shortage they are experiencing; each month a foreign nurse is delayed in arriving in the U.S. impacts staffing,” the letter says. “This delay is frustrating and is defeating the benefit of premium processing,” the letter says. Similar delays have not been experienced for I-140 Immigrant Petitions transferred from the Nebraska Service Center to the National Visa Center, the letter says. The letter was co-signed by: AHCA/NCALA, Advancing Excellence, ANCOR, Argentum, Association of Jewish Aging Services, Lutheran Services of America, National Association of State Veterans Homes, and the Pediatric Complex Care Association. You can access a copy of the letter [here](#), along with the referenced enclosure, [here](#).

Congressional Report on OAA Funding Released. The Congressional Research Services [released](#) a report on the current structure and funding of the Older American’s Act (OAA). LeadingAge supports and advocates for the funding of OAA and many LeadingAge members provide services to vulnerable older adults through this funding. In FY2022, there were twelve OAA-related congressionally directed spending items funded including projects “to expand services for seniors,” “to address the shortage of home health aides,” and “to support repairs and modification to senior facilities.”

Fulfilling the Promise of the CHRONIC Care Act. Based on several years of research tracking the initial implementation and progress of these new supplemental benefits, ATI Advisory and Long-Term Quality Alliance have developed three policy recommendations for Congress to consider to advance new supplemental benefits in Medicare Advantage, found [here](#).

WisCaregiver Careers Could Fill 3,000 New Training Slots. [LeadingAge Wisconsin](#) is partnering with the Wisconsin Health Care Association (WHCA), on a newly awarded \$6 million workforce development program, “[WisCaregiver Careers.](#)” The program is designed to address the certified nursing assistant shortage in Wisconsin nursing homes, and help to support the state’s health needs today and in the future by providing free training and free certification testing. The expanded program is expected to fill as many as 3,000 new nurse aide training slots in Wisconsin. [Here](#) is an article about the program.

But Wait! There’s more good workforce news from Wisconsin. LeadingAge Wisconsin is partnering with ten other agencies in the state to [implement a \\$4.8 million program](#) as part of the Workforce Innovation Grant Program through the Wisconsin Economic Development Corporation. The partners who received the grant will provide opportunities for low to moderate income individuals in 47 counties to upskill or reskill into high demand nursing careers, include CNA, LPN, Medical Assistant, Associate Degree Nurse, and RN. LeadingAge Wisconsin will provide on-site training opportunities and placements for up to 50 participants seeking to become a CAN.

House Labor HHS Appropriations Subcommittee Activity. Some provisions support workforce related solutions. The House Appropriations Subcommittee on Labor-HHS approved its FY 2023 bill on June 23, 2022. The bill allocates funding for several federal programs that are of interest to LeadingAge and are highlighted in an article [here](#). Some of the increases proposed in the bill, while modest, could provide some minor relief and assistance in workforce-related programs. However, LeadingAge is disappointed that some important provisions we had hoped to see in the bill were not included. In particular, we hope the full Committee will consider adding funding to support aging services wage subsidies, new initiatives

to support direct care workforce recruitment and retention grants, and funding to support onsite nursing staff coverage. The bill next heads to the full Committee for markup.

LeadingAge will continue to advocate for its key workforce priorities for older adults as it moves through this process. Advocates for aging services can continue to ask Congress to fund important priorities for older adults as noted in the LeadingAge FY 2023 [Action Alert](#).

Free At-home COVID-19 Tests for People Who Are Blind or Have Low Vision - The Biden-Harris Administration has launched a new initiative to expand the availability of at-home tests that are more accessible for people who are blind or have low vision, including older adults living with macular degeneration and glaucoma. The tests work with a compatible Bluetooth-enabled smartphone and a free app to provide users with audible instructions and audible test results. [Read more about the tests](#). Tests can be ordered [online](#) or by calling 1-800-232-0233.

Home Health Member Network Recap Available. LeadingAge's Home Health Member Network met on June 5, 2022, to discuss newly released Home Health Value Based Purchasing cohorts, achievement thresholds, and benchmarks as a group. Nicole Fallon, LeadingAge's VP of Health Policy and Integrated Services also walked members through the LeadingAge's Center for Managed Care Solutions & Innovation resources. Read the full recap [here](#). For more information, please contact Katy (KBarnett@LeadingAge.org).

Hospice Member Network Recap Available. LeadingAge's Hospice Member Network met on June 14, 2022, to hear from staff from the CDC to discuss Project Firstline as well as updates on national legislation and regulation policy. Read the full recap [here](#). For more information, please contact Katy (KBarnett@LeadingAge.org).