



Home Health and Hospice Weekly: Recap of LeadingAge Updates

July 15, 2022

Coronavirus Update Calls For Week of July 18. All calls are at 3:30 PM ET. LeadingAge members who provide care and services in the community have overcome unique challenges to care for the older adults they serve. On Monday, July 18, Dr. Richard Pitts, Chief Medical Officer at CalOptima will join us to talk about how HCBS providers are working to ensure consumer and staff access to vaccinations, treatments, and other essential services in California. Next Wednesday, we will welcome Dr. Michael Wasserman to discuss his latest article on the importance of developing leadership skills in aging services and how we can integrate long term care in local planning to prepare for the future. 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.

Home Health PEPPER Reports Now Available. CMS released fourth quarter calendar year 2021 Program for Evaluating Payment Patterns Electronic Reports (PEPPERS) for home health agencies. These reports summarize provider-specific data for Medicare services that may be at risk for improper payments. Agencies can use the data to support internal auditing and monitoring activities. Visit the [Distribution](#) webpage to find out how to get your report and visit the [PEPPER Resources](#) webpage to review user's guides, recorded training sessions, FAQs, and examples of how other providers use the report.

White House Summit on the American Rescue Plan: More than \$40 Billion Committed to Strengthening Our Workforce. On Wednesday, July 13, 2022, LeadingAge participated virtually in the "White House Summit on the American Rescue Plan and the Workforce" hosted by Vice President Kamala Harris. The event, co-hosted by the White House American Rescue Plan Implementation Team and the White House Office of Intergovernmental Affairs, featured state and local leaders from across the country and announced how over \$40 Billion in American Rescue Plan (ARP) fund investments have been committed to strengthening our workforce. The Summit highlighted ARP investments across the areas of "care and public health, expanding access to the workforce for underserved populations and expanding the workforce." A [White House Fact Sheet](#) provides the official Summit highlights and an overview of the initiatives that panelist highlighted during their remarks. And [here](#) is an article on the White House Summit.

Global COVID-19 Tracker updated as of July 14: This [tracker](#) provides the cumulative number of confirmed COVID-19 cases and deaths, as well as the rate of daily COVID-19 cases and deaths by country, income, region, and globally.

LeadingAge Home Health Member Network Call on CY2023 HH PPS Proposed Rule. Join us on Tuesday, July 19, at 2 PM ET, for the Home Health Member Network call. During the call we will review the CY2023 proposed home health rule that includes a 4.2% cut to base payments as well as a request for how CMS could recoup an additional \$2 billion in assumed overpayment for CY2020 and 2021. Staff will walk through the proposed rule and advocacy efforts members can support to curb the devastating cuts.

Any LeadingAge member can join the Home Health Member Network or submit advance questions by emailing Katy (kbarnett@leadingage.org).

Home Health Preview Reports and Star Rating Preview Reports for the October 2022 Refresh. Home health providers can now review their provider preview reports on iQIES for the October 2022 Home Health Compare refresh. For this refresh, Home Health OASIS measures will be based on the standard number of quarters. The HH QRP claims-based quality measures will not be refreshed for the October 2022 public reporting refresh, instead they will refresh in October 2023. Due to the COVID-19 reporting exceptions, the claims-based measures have been calculated excluding Q1 and Q2 2020 data from measure calculations.

CMS Recruiting TEP for Hospice Special Focus Program (SFP) Development. Abt Associates, CMS' contractor for the hospice program, is currently recruiting to participate in a Technical Expert Panel (TEP) to contribute feedback and thoughtful input during Special Focus program (SFP) development. Potential participants include providers, patient advocates, national and state associations, and other hospice staff members. As part of provisions in the Consolidated Appropriations Act (CAA) of 2021, the Secretary of Health and Human Services was directed to create a SFP for poor-performing hospice programs, sets out authority for noncompliant hospice programs, and requires the development and implementation of a range of remedies as well as procedures for appealing determinations. The objectives of the TEP are to provide input on the SFP algorithm that will be used to identify hospices that have substantially failed to meet applicable Medicare requirements based on identified criteria and measures and to help develop public reporting requirements for the SFP and how to present this information to the general public. The nomination Form is available [here](#). Completed nomination forms and general questions about the Hospice SFP TEP can be sent to HospiceSFP@abtassoc.com. **All nomination forms must be received by August 12, 2022, to be considered for inclusion.**

CMS Recruiting TEP for Home Health and Hospice Health Equity. Abt Associates, CMS' contractor for quality measure development in hospice, is currently recruiting a wide range of home health, hospice, and health equity stakeholders to participate in a Technical Expert Panel (TEP) to provide input on a proposed health equity structural composite measure for both hospice and home health care settings. Potential participants include providers, patient advocates, quality improvement, and health equity experts. The Call for TEP materials, including the draft TEP Charter and Nomination Form, are available at the [Current TEP Opportunities webpage](#). If you have general questions about the TEP and would like to contact Abt Associates, please email HHA_Hospice_HealthEquityTEP@abtassoc.com.

CMS Issues QRP Non-compliance Notices Impacting FY2023 Payments. SNF and Hospice providers should check their CASPER folders in QIES to see if they have received a non-compliance notice from CMS related to their CY2021 reporting for their respective Quality Reporting Programs. Providers who are non-compliant will have their Medicare FFS rates reduced 2% beginning October 1 2022. For providers who contract with Medicare Advantage and Special Needs Plans, this may also impact those rates if their contract pays them based upon a percentage of Medicare FFS. These notices were placed into those folders on Wed., July 13 and include information on why the provider failed compliance. This information can be used to improve reporting processes within your organization. If a provider received a non-compliance notice, they have the opportunity to request reconsideration of this determination

based upon limited situations – they believe this is an error or extraordinary circumstances prevented timely submission. All reconsideration requests must be in by 11:59 p.m. ET on August 11th. SNFs can find more information on requesting reconsideration [here](#) and Hospice reconsideration information is [here](#). As a reminder starting with FY 2024, the Hospice QRP penalty increases to a 4% reduction in their Annual Payment Update based upon CY 2022 data and reporting.

LeadingAge’s Workforce Now Advocacy Campaign Rolls Out. The [press release](#) announcing the launch of the Workforce Now Advocacy Campaign went out this afternoon. The release ties our rollout to today’s White House American Rescue Plan Workforce Development Summit, with LeadingAge president and CEO Katie Smith Sloan calling on the Biden Administration and our country’s elected leaders to make staffing in the aging services sector a top priority. Our campaign lays out the action needed from Congress and the Administration around issues older adults and their families face. “Too many older adults and their families face challenges in accessing essential care and services to remain independent, safe and healthy because of a lack of qualified workers. Without sufficient staff in nursing homes, hospices, life plan communities, home health agencies, affordable senior housing, and other community-based services, there is no care,” said Katie Smith Sloan, president and CEO, [LeadingAge](#), the association of nonprofit providers of aging services. “We appreciate the Administration’s commitment to workforce investments, and applaud the efforts to strengthen funding for vital home and community-based services. But our country must learn from past mistakes. Chronic underinvestment in and longstanding disregard for aging services—and primarily the valuable workers who are its core—created an opportunity for COVID to wreak havoc. That must not continue. We’ve got to repair, rebuild and reinvigorate this sector. The strategic deployment of ARPA funds for states and local governments is a step worth celebrating but Congress and the Administration have their own work to do to ensure older adults are not left behind. Our new advocacy campaign, Aging Services Workforce Now, lays out action needed around the issues older adults and their families face.”

Action Needed Now to Shore Up Aging Services Workforce: Findings from LeadingAge Snap Poll. The workforce situation for aging services providers across the continuum is not improving. This was the top finding in a recent snap poll of LeadingAge members. High level takeaways from the snap poll, conducted late June 2022, include: more than 60% of respondents reported that their workforce difficulties remain; the staffing shortage is severe in multiple settings across the continuum; the pipeline for potential workers has not gotten stronger as people leave the field; nursing positions are especially difficult to fill; almost all nursing homes count on agency staff to cover some percentage of shifts but one out of ten respondents rely on temporary staff for nearly half of all shifts; and, if staff leave, the most commonly cited reasons are seeking better pay or burnout. Read more about the snap poll results and policy opportunities to address the aging services workforce shortage [here](#).

New PHI Report Addresses State Hazard Pay and Sick Leave Policies for Direct Care Workers During COVID-19. Today, PHI released a new research report, “[Essential Support: State Hazard Pay and Sick Leave Policies for Direct Care Workers During COVID-19](#).” This report details findings from a recent study on hazard pay and paid sick leave policies enacted across all 50 states and Washington, D.C., from March 2020 to August 2021 (the first 18 months of the COVID-19 pandemic). The purpose of the study was to document how states responded to the challenges faced by direct care workers and other essential

workers during one of the most devastating health crises in recent history, and to generate lessons for the future. As well as developing a comprehensive catalogue of relevant state policies, PHI explored their impact on the direct care workforce through a modest set of quantitative analyses using publicly available data from the Current Population Survey. Overall, this review found that:

- 17 states implemented at least one hazard pay policy and four states implemented a new paid sick leave policy during the study period.
- Of the 14 states that already had an existing paid sick leave policy in place, four made amendments or issued supplementary policies.
- Just 10 states implemented both types of policies: California, Connecticut, Massachusetts, Michigan, New Jersey, Oregon, Rhode Island, Vermont, Virginia, and Washington State.

Read the full report [here](#).

July 19 National Stakeholder Call with CMS Administrator. On this July 19, 1 – 2pm ET call, CMS Administrator Chiquita Brooks-LaSure, CMS Principal Deputy Administrator and Chief Operating Officer Jon Blum, and other members of the CMS leadership team will provide an update on “CMS’ recent accomplishments and how [its] cross-cutting initiatives are advancing CMS’ Strategic Plan.” This call will provide an opportunity to learn more about how stakeholders can partner with CMS to help implement its Strategic Plan and key initiatives. RSVP [here](#).

Medicaid social care programs implementation: State Health and Value Strategies (SHVS) published [findings](#) from a series of interviews with state Medicaid leaders about how to monitor the implementation of social care programs to improve health, decrease costs, and advance health equity. The findings come from a two-part research project conducted by the Social Interventions Research and Evaluation Network at the University of California, San Francisco.

American College of Physicians Recommends LTC Financing Reform! In a position paper published in the [Annals of Internal Medicine](#), Ryan Crowley, senior associate for health policy at the ACP described the aging of the population, the need for long-term services and supports (LTSS) and called for financing reform to support the increased number of people who will be needing help. “Along with demand,” he wrote, “the cost for LTSS is expected to increase considerably over the coming decades, but policymakers have struggled to develop ways to ensure this need is met.” He mentions workforce challenges as a top concern. This article is especially notable because it was not written by experts steeped in long-term care, but rather put out by a physicians’ group.

Poverty rates among CO Black and Latino older adults. [Chasing Progress](#), a Colorado News Collaborative project on social, economic, and health equity among Black and Latino Coloradans, analyzed the Census Bureau's 5-year American Community survey data from 2010, 2015 and 2020, a period of historically long economic expansion bookended by the Great Recession and the onset of the pandemic. As reviewed in this [article](#), Denver’s poverty rate for older adults, defined as people aged 65 and over, decreased from 15.4% to 10.5%. But the data also showed continued disparities among Black and Latino older adults when compared to white older adults. Experts point to several reasons for Denver’s declining poverty rates among Black and Latino older adults such as spending more time in the workforce and the plethora of programs available to help supplement daily expenses for food and medical care. On top of increased health risks related to poverty are Denver’s rising overall cost of living

and increasing cost of average rent, plaguing the more than 30% of Denver older adults who rent their homes.

The Biden administration is introducing a first-ever Airline Passengers with Disabilities “bill of rights” aimed at helping ensure people with disabilities have a smoother experience when flying. The 16-page [document](#) issued by the U.S. Department of Transportation this month is described as an “easy-to-use summary of the fundamental rights of air travelers with disabilities under the Air Carrier Access Act.” It is designed to “empower air travelers with disabilities to understand and assert their rights and help ensure that U.S. and foreign air carriers and their contractors uphold those rights,” the Transportation Department said.

States’ choices about which Medicaid pathways to cover are an important baseline, as well as an advocacy opportunity, for older adults’ access to Medicaid coverage. From March through May 2022, the Kaiser Family Foundation conducted a survey of Medicaid state eligibility officials. KFF has provided two policy briefs based on the data that this LeadingAge [article](#) summarizes, with the background and findings most pertinent LeadingAge state partners and members.

Final FY2023 Hospice Wage Index Rule Goes to OMB. Last week, the Centers for Medicare and Medicaid Services [submitted](#) the FY 2023 Hospice Wage Index, Payment Rate Update, and Quality Reporting Requirements (CMS-1773) final rule to the Office of Management and Budget (OMB) for review. OMB’s review is the final step before publication of any proposed or final rules. It is likely the hospice final rule will be published by the final week of July 2022.

USC study reveals that everyday stressors, traumatic events, job strain & discrimination prematurely weaken immune cells, potentially increasing a person’s risk of disease. “As the world’s population of older adults increases, understanding disparities in age-related health is essential. Age-related changes in the immune system play a critical role in declining health,” said lead study author Eric Klopach, a postdoctoral scholar in the USC Leonard Davis School of Gerontology. Improving diet and exercise behaviors in older adults may help offset the immune aging associated with stress. Review the study and associated article [here](#) and [here](#).

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Another Batch of Phase 4 Provider Relief Funds Distributed. Last week, 151 providers received deposits of their Phase 4 PRF payment. These providers received a total of \$142 million. HRSA indicates it is working to finish processing the remaining 2% of Phase 4 applications as soon as possible and that about \$3B of the Phase 4 pot remains available for that purpose.

New PRF Reporting Resources: Provider Relief Fund Reporting Period 3 opened on July 1 and HRSA has updated two key documents that assist providers in completing this reporting. The updated documents include:

- [PRF Reporting Portal User's Guide \(June 30, 2022\)](#).
- [Latest PRF FAQs](#).

LTQA Webinar: A Fresh Look at Caregiving: Direct Care Workforce Solutions. Join the Long-Term Quality Alliance (LTQA) on July 26, 2022, from 2-3 pm ET for an interactive webinar, "A Fresh Look at Caregiving: Direct Care Workforce Solutions." The webinar will address how the long-term care sector is facing a crisis in the supply of direct care workers, worsened by the COVID-19 pandemic. Additionally, how increased need and demand for services in the home is fueling a workforce shortage, which is having a direct effect on the ability of those in need to access services and for organizations to deliver needed care and support. There will be an opportunity to address a need to think differently about the compensation, skills development, mobility, and value placed on this workforce, which provides critical services to a diverse and complex population. Speakers include: Carol Raphael (Manatt), Carrie Amero (AARP), Robyn Stone (LeadingAge), and Joe MacBeth (NADSP). Registration is available [here](#).

Telehealth in Practice: Driving Efficiencies & Improving Outcomes - This webinar on Thursday, July 21 at 2:00 p.m. ET will focus on the application of Telehealth/RPM in different care settings. [Join us to learn from two provider use cases](#).

Tell CMS: Cuts Now Will Further Erode Older Adults' Access to Needed Care and Services. LeadingAge members remain on the front line of the COVID-19 pandemic during one of the most difficult times in our country. We need the Biden Administration and Congress to act on behalf of aging services providers and strengthen the infrastructure for providing quality care and services to our older adults. Your voice matters! Help protect the ability of aging services providers to continue serving older adults with quality care. [Act now](#).

CMS releases proposed Physician Fee Schedule Rule: CMS released the CY2023 Physician Fee Schedule rule yesterday. An overview of the rule and accompanying fact sheets on various aspects of it can be found [here](#). Of particular note, CMS proposes some major changes to the Accountable Care Organization program focused on expanding access to the Medicare Shared Savings Program and are

the biggest changes to the program since the establishment of the program in 2011. The changes include:

- CMS is proposing to incorporate advance shared savings payments to certain new Medicare Shared Savings Program ACOs that could be used to address Medicare beneficiaries' social needs. This is one of the first times Traditional Medicare payments would be permitted for such uses, and is expected to be an opportunity for providers in rural and other underserved areas to make the investments needed to become an ACO and succeed in the program.
- CMS is also proposing that smaller ACOs have more time to transition to downside risk, further helping to grow participation in rural and underserved communities.
- CMS is also proposing a health equity adjustment to an ACO's quality performance category score to reward excellent care delivered to underserved populations. Finally, CMS is proposing benchmark adjustments to encourage more ACOs to participate and succeed, which would help achieve the goal of having all people with Traditional Medicare in an accountable care relationship with a healthcare provider by 2030.

A factsheet on the ACO changes can be found [here](#) and LeadingAge will be providing additional analysis on how these changes impact our members.

CMS Blog on Framework for Health Equity. CMS [released](#) a new blog from LaShawn McIver, MD, MPH, Director of the CMS Office of Minority Health that depicts how CMS will operationalize efforts to achieve health equity across their programs in the next decade. CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other circumstances. As part of President Biden's January 2021 Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, CMS and all other federal agencies, are being charged with a whole-of-government approach to find out what more they can do across their work to identify, understand, and address structural, policy, and operational challenges and barriers to equity. Efforts to support health equity work within CMS have been included in the hospice, skilled nursing, and home health rules this year.

ASPE & CMS Release Report to Congress: Unified Payment for Medicare-Covered Post-Acute Care. The Centers for Medicare & Medicaid Services and the Office of the Assistant Secretary for Planning and Evaluation today [issued](#) their report to Congress on a unified payment system for Medicare for four post-acute providers including skilled nursing, home health, inpatient rehabilitation facilities, and long-term care hospitals. The report includes discussion on how Medicare could pay for care provided in these four settings under a single payment system. The Medicare program currently pays for these services through four distinct payment systems. ASPE and CMS add that significant, additional work would be needed to complete their draft model, including possible field testing. The report also highlights that the model was built mostly using data collected prior to the COVID-19 pandemic and therefore the effectiveness and impact of the model following the pandemic is unknown. Additionally, CMS cannot implement a unified post-acute care payment system under its existing statutory authority.

Home Health Value-Based Purchasing YouTube and Podcasts. The TA team at CMS continues to churn out important videos to help prepare providers for the January 1, 2023 implementation of HHVBP. New this week is an entire YouTube playlist dedicated to the expansion of the model with previously published webinars and podcasts. Also newly available this week, both on the [expanded model website](#) and on the [YouTube playlist](#), are three podcasts designed to support home health quality improvement efforts and care.

- The Patient with Declining Memory: The “Keys” to Safe Mobility (16 minutes)
- Infection Prevention and Control: Home Health Patient Care and Communication (15 minutes)
- Managing Chronic Illness through Home Health Care (20 minutes)

Virtual Social Engagement Summit: Join engAGED and Commit to Connect for a joint two-day [virtual summit](#) August 2-3, 2022 from 1:00 p.m. to 3:30 p.m. ET. The Summit will bring together researchers and national, state, and local leaders for discussions about the current state of social isolation research and implications for the social engagement work of the Aging Network, disability network and partner organizations.

COVID tests more widely available for people who are blind or have low vision. Last month the Administration announced the availability of Bluetooth-connected COVID tests for people who are blind or have low vision but supplies limited availability to only two tests per person. Starting today, the program is expanding to enable individuals to receive 12 test kits with each order. [Here](#) is the link for ordering these special COVID tests or consumers can call 1-800-232-0233.

Study Finds Patients and Proxies Agree More on Physical than Psychological Symptoms. A new study from the Regenstrief Institute and the Indiana University School of Medicine [found](#) that proxy reports – often spouses, children or other caregivers – of older adults agreed on severity of symptoms of pain, depression and anxiety as well as functional status between 50 to 60 percent of the time. Agreement on physical symptoms such as pain and functionality were more likely than on psychological symptoms like depression and anxiety. Proxies tended to overestimate patient impairment at lower levels of symptom severity and underestimate at higher levels. Caregivers who were under a lot of stress were more likely to over-report their patient’s symptoms. For many older adults struggling with cognitive decline, caregiver proxies can be an important source of information for clinicians. The primary author of the study has a long career developing patient-reported outcome measures including PHQ-9 depression scale which will added to OASIS-E for home health in January 2023.