

## PACE Weekly: Recap of LeadingAge Updates

April 22, 2022

**DOJ, OIG Bring Charges on COVID Fraud.** The multi-agency, 2022 National COVID-19 Health Care Fraud Enforcement Action <u>announced</u> criminal charges this week against owners and executives of medical businesses, physicians, marketers, and manufacturers of fake COVID-19 vaccination record cards. DOJ is charging 21 defendants for their alleged participation in various fraud schemes involving health care services that exploited the pandemic and resulted in COVID-19-related false billings to federal programs as well as theft from pandemic assistance programs to the tune of \$149 million. In connection with the enforcement action, DOJ seized over \$8 million in cash and other fraud proceeds.

**CMS Releases 2020 Medicare Current Beneficiary Survey Data Brief.** This Early Look Data Brief <u>looks</u> at preliminary data from the Medicare Current Beneficiary Survey (MCBS) for community-dwelling Medicare beneficiaries. The Early Look presents measures that are not available in the CMS administrative data, including beneficiary health status and functioning, access to care, satisfaction with care, and general demographics including language spoken at home. The full MCBS will be released in summer 2022. Quick highlights:

- The majority of Medicare beneficiaries living in the community are White non-Hispanic, between 65 and 84 years of age, and live in English-speaking households.
- Over three-quarters of Medicare beneficiaries living in the community report good, very good, or excellent health. Approximately 81 percent report the same or better health compared to one year ago.
- Almost half of Medicare beneficiaries living in the community report at least one disability. Around one-quarter report difficulties with walking or climbing stairs.
- Most Medicare beneficiaries living in the community report no trouble or delays in accessing health care and are satisfied with health care quality, ease of access, and cost.

## ACL Forecasts New \$1 Million Direct Care Workforce Technical Assistance Center Grant Opportunity.

As it seeks to advance capacity to recruit and retain a high-quality direct care workforce capable of meeting the growing needs that older adults and people with disabilities, the Department of Health and Human Services (HHS) Administration for Community Living (ACL) has posted a new grant forecast announcement in "grants.gov" for a "National Direct Care Workforce Technical Assistance Center" in fiscal year 2022. HHS requires agencies to provide a "forecasted opportunity" to let the public know of an agency's plans to issue a Notice of Funding Opportunity (NOFO). The forecasted opportunity for the new Direct Care Workforce Technical Assistance Center indicates the estimated NOFO post date will be April 29, 2022, and the estimated application due date will be June 29, 2022.

The discretionary project total funding level could range from \$1,200,000 to \$1,400,000. (HHS would likely not "forecast" publishing this announcement (including specific dates) if there weren't some likelihood it will happen.) <u>Here is the link</u>, which is a "heads up." Eligible entities include national

nonprofit organizations, as well as state and local governments, faith-based and community organizations. We will share additional information on this new grant opportunity as it becomes available.

**OSHA Proposes Rule to Modify Tracking of Workplace Injuries and Illnesses.** OSHA recently published a proposed rule titled "Improve Tracking of Workplace Injuries and Illnesses." <u>Here</u> is an article that provides a good summary and history of the proposal and several concerns that have been identified. Comments are due by May 31. OSHA is seeking to amend the occupational injury and illness recordkeeping regulation to require certain employers to electronically submit injury and illness information to OSHA that employers are already required to keep under the recordkeeping regulation. OSHA proposes to amend its regulation to require establishments with 100 or more employees in certain designated industries to electronically submit information from their OSHA Forms 300, 301, and 300A to OSHA once a year.

OSHA intends to post the data from the proposed annual electronic submission requirement on a public website after identifying and removing information that reasonably identifies individuals directly, such as individuals' names and contact information. The full data submitted would also be available to the general public under a Freedom of Information Act request. Finally, OSHA is proposing to require establishments to include their company name when making electronic submissions to OSHA.

**FROM HHS: Mask Order:** CDC <u>released a statement</u> on masks in public transportation settings. To protect CDC's public health authority beyond the ongoing assessment announced last week, CDC has asked DOJ to proceed with an appeal in Health Freedom Defense Fund, Inc., et al., v. Biden, et al. It is CDC's continuing assessment that at this time an order requiring masking in the indoor transportation corridor remains necessary for the public health. CDC will continue to monitor public health conditions to determine whether such an order remains necessary. CDC believes this is a lawful order, well within CDC's legal authority to protect public health.

**Welcome to Meredith!** Meredith Chillemi joined our policy team today as the Director of Medicaid and HCBS Policy. Meredith is based in California and has great experience across our continuum and with Medicaid. We are so thrilled to have her on board.

**CMS releases strategies on health equity:** CMS released more details on the <u>health equity pillar</u> of their strategic plan. It covers activities and goals cross the agency.

**KFF releases comprehensive guide to PHE unwinding:** KFF released a one stop shop with regards to what PHE flexibility ends when. This does not just focus on Medicaid but flexibilities across various authorities. The resource can be found <u>here</u>.

White House releases Bipartisan Infrastructure Law Rural Playbook. Today the White House updated its "Roadmap for Delivering Opportunity and Investments in Rural America" with a <u>Bipartisan Infrastructure Law Rural Playbook</u>. The new legislation promises billions of dollars for high-speed internet, transportation, improvements to roads and bridges, clean drinking water, and modernized wastewater systems. The playbook is intended to help communities understand the available funding set aside for rural areas and how to apply for these federal dollars.

**HHS policy briefs on strategic approaches to social determinants of health (SDOH).** The HHS Office of the Assistant Secretary for Planning and Evaluation posted <u>three policy papers</u> that:

explain why HHS has identified addressing SDOH as a major priority; describe HHS's strategic approach and specific actions the Department is taking to address SDOH; and link how these actions build on evidence in the field on what works. Social determinants of health (SDOH) include factors such as housing, food and nutrition, transportation, social mobility, and environmental conditions as having significant impact on health outcomes. The policy briefs also present successful examples of current federal programs.

**CMS National Stakeholder Call.** CMS Administrator Chiquita Brooks-LaSure, along with Deputy Jon Blum and others from the CMS leadership team invite all CMS stakeholders to a quarterly National Stakeholder Call on April 26 from 3:30 – 4:30 PM ET. Here's the <u>link to RSVP</u>; after you register you will receive a confirmation email with details on how to join the call. The Administrator uses these calls to update on the CMS strategic vision and accomplishments during the past quarter. This call may include long-term care related points as part of a more global CMS conversation.

**FROM HHS: First COVID-19 Diagnostic Test Using Breath Samples:** The U.S. Food and Drug Administration (FDA) <u>issued</u> an emergency use authorization (EUA) for the first COVID-19 diagnostic test that detects chemical compounds in breath samples associated with a SARS-CoV-2 infection. The test can be performed in environments where the patient specimen is both collected and analyzed, such as doctor's offices, hospitals, and mobile testing sites, using an instrument about the size of a piece of carry-on luggage. The test is performed by a qualified, trained operator under the supervision of a health care provider licensed or authorized by state law to prescribe tests and can provide results in less than three minutes.

**Careers in Aging Week.** Careers in Aging Week continues! Join LeadingAge, Argentum, ACHA/NCAL, and the Gerontological Society of America to promote professions in the field of long-term care. Check out the <u>Careers in Aging Week webpage</u> for turnkey tools such as flyers, posters, social media posts, Zoom backgrounds, PowerPoint templates, logos, videos, webinars, and more. We encourage you to participate (and be sure to include #CareersInAging in social media posts).