



Home Health and Hospice Weekly: Recap of LeadingAge Updates

May 27, 2022

LeadingAge Coronavirus Update Calls Next Week. We will not be holding a Coronavirus Policy Update Call on Monday, May 30th in observance of the Memorial Day holiday. On **Wednesday, June 1st at 3:30 PM ET**, we will be joined by mental health expert Gregg Levoy who will share his ideas of how important keeping commitment and passion alive in your organization and how mental health is something that everyone can use to succeed. He will help us unpack the real issues around burnout and provide ideas that can be used right away to help keep our workforce passionate and connected. 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.

Hospice Care Compare May Refresh Will Not Include New Measures. CMS had originally planned to publicly display data for two new quality measures (Hospice Visits in the Last Days of Life (HVLDL) and the Hospice Care Index (HCI) claims-based measures) however these measures have been suppressed by CMS for all hospices and CMS is targeting the August 2022 refresh for the inaugural public display of these two new quality measures. The May 2022 [quarterly refresh](#) for the Hospice Quality Reporting Program will now only include the Hospice Item Set (HIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey, and Claims-based measure scores exclude Quarter 1 and Quarter 2 of calendar year 2020. In addition, state averages will now be displayed for each measure.

Reporting Portal Reopens for Provider Relief Late Reporting: HRSA has notified providers who submitted a Late Reporting Request and have been approved to submit a late report for Reporting Period 2 (RP2). The [PRF Reporting Portal](#) has been opened for this purpose as of May 25 and approved providers have until Tuesday, June 14 at 11:59 p.m. ET to complete and submit their reports for RP2. RP2 covers PRF payments received between July 1 – December 31, 2020. Providers can find additional reporting resources [here](#). There will not be another opportunity for these providers to come into compliance. Failure to submit the report during this opportunity will require the provider to return all PRF funds from this payment received period. Here is a short [article](#) you can include on this topic in your newsletters.

Applying the Actual Emergency Exemption to Emergency Preparedness Requirements: CMS has updated previously-issued guidance to confirm that the actual natural or man-made emergency exemption continues to apply to COVID-19. Providers who continue to operate under their emergency plans or providers who have reactivated their emergency plans related to the COVID-19 public health emergency can count these operations toward satisfying the requirements for full-scale community-based or individual facility-based functional exercises. More information on the timing of exercises and the application of the exemption is available [here](#) in the CMS memo.

Fact Sheet on Grandfamilies and Kinship Families. Generations United has a new fact sheet on grandfamilies and kinship families. It incorporates data, policy and advocacy recommendations, infographics, and quotes from family members. Data related to the number of children living in grandfamilies and kinship families and the racial, ethnic, and socioeconomic characteristics of families in which grandparents are raising their grandchildren are included. The fact sheet also provides details about the challenges these families face, from legal and financial issues to physical and mental health, housing, and education. See the fact sheet [here](#).

New Data on Surviving Spouses. Data released today from the Consumer Financial Protection Bureau show a 5% increase from 2017 to 2019 in the number of adults 60+ who lost a spouse in the previous 12 months (from 1,151,000 to 2,206,000). According to the CFPB, surviving spouses' demographic, social, and household profiles differ significantly from the general 60+ population: surviving spouses are more than twice as likely to be women as they are to be men; more than one third of surviving spouses are 80+, compared to less than one fifth of the general older adult population; surviving spouses 60+ and older are also less likely to be in the labor force than their peers; and, surviving spouses are more likely to live alone than older adults generally. Of all homeowner surviving spouses 60+, 28% still had mortgage debt (of 90+ homeowner surviving spouses, 14% still had mortgage debt). Further, these pre-pandemic data show greater housing cost burdens among widowers. Among widowed homeowners, 35% spent 30% or more of their income on housing costs compared to 22% of homeowners in the general older population. Among older renters, 67% of new surviving spouses spent 30% or more of their income in housing compared to 57% of all older adults. "High home equity combined with high housing burden makes new surviving spouses who want to stay in their homes attractive targets for financial products that promise to alleviate their housing burden by leveraging their home equity," the CFPB warns. Read more [here](#).

CMS Sending Letters to Physicians Referring to Hospice. CMS' Center for Program Integrity recently started mailing letters inviting physicians starting in Florida to one-on-one training sessions about the Medicare hospice benefit. These letters are being sent to physicians who are ordering and referring Medicare beneficiaries to hospice services. Purpose of this three-hour, in-person trainings is to help physicians understand Medicare hospice benefit, referral process, and regulations. Husch Blackwell produced a podcast [discussing](#) what these training sessions involve, why CMS is conducting them, and how physicians and hospices can respond.

Article on implications of Medicaid and PHE "unwinding": an article on the implications for older adults when PHE related Medicaid flexibilities end can be found [here](#).

CMS and ACL release strategy for implementation of the HCBS settings rule. The Centers for Medicare & Medicaid Services (CMS) announced a [strategy](#) for implementation of the home and community-based settings regulation, in partnership with the Administration for Community Living (ACL), that aligns the focus of federal support and state compliance activities with the realities of the direct-service workforce crisis exacerbated by the COVID-19 public health emergency (PHE). CMS and ACL believe this strategy will ensure implementation of important regulatory criteria related to beneficiary rights in the short-term, with sustained state and provider efforts to fully implement all other settings criteria. We will write an article on the strategy and monitor its implementation.

Report on Recommendations to Ease the Nursing Shortage: The Center for American Progress released a new report entitled “[How to Ease the Nursing Shortage in America](#)” which contains background on the nursing shortage and policy recommendations.

Study: Social Determinants and Race Impact Hospital and SNF to Home Transitions. A study [released](#) in JAMA Network found that patients transitioning from hospitals and skilled care to home settings often have different experiences impacted by social determinants and racial disparities. One in five patients participating in the survey-based study, reported at least one social determinant of health concern including 1) affording components of care (prescriptions, physical therapy, etc.) 2) access to transportation for follow up physician appointments, pharmacy, grocery store trips, 3)affording medical visits and copayments, and 4) having enough help at home. Most notably, transportation issues decreased the odds of completing follow-up appointments by 70%. Additionally, black patients had fewer follow-up visits scheduled or completed within the first two weeks after discharge.

Research Reviews Barriers to Training Family Caregivers in Home Health. New [research](#) from VNS Health (formally VNSNY), found that significant barriers exist for clinicians training family caregivers during home health stays. After conducting clinician interviews, factors impacting delivery of caregiver training fell into three categories, individual, interpersonal, and structural. The most salient factors included clinician–caregiver communication and rapport, accuracy of hospital discharge information, and access to resources such as additional visits and social work consultation.

Implications of Medicare Advantage Growth: A new [JAMA viewpoint](#) looks at the implications for the US health care system as we move toward the tipping point where Medicare Advantage will be the dominant source of Medicare coverage.

Surgeon General Focuses on Health Worker Burnout and Resignation. “We must take action,” begins an advisory report issued today by U.S. Surgeon General Vivek Murthy. The report, “[Addressing Health Worker Burnout, The U.S. Surgeon General’s Advisory on Building a Thriving Health Workforce](#),” says that as we transition to recovery, “we have a moral obligation to address the long standing crisis of burnout, exhaustion, and moral distress across the health community. We owe workers more than our gratitude. We owe them an urgent debt of action.” It reviews what is known about burnout, discusses the role of COVID in exacerbating the crisis, and makes a clear case that there will be extreme worker shortages in all health care settings. The report offers recommendations that various stakeholders might act upon, though it is worth noting that extensive resources would need to be allocated to providers and governments to take many of the recommended actions. The report includes dozens of links to helpful resources. An article summarizing key points relevant to LeadingAge members from the Surgeon General’s advisory on health care worker burnout can be found [here](#).

HRSA Mask Program. The [HRSA Health Center COVID-19 N95 Mask Program](#) began in January 2022 to distribute N95 masks to underserved communities through health centers. The N95 Mask Program ordering opportunities have been extended until June 20, 2022. Health centers will have three additional opportunities to order masks through this program: today, June 6, and June 20. Community partners,

including Aging Services providers, are encouraged to reach out to their local health center in advance of these ordering dates to request masks to meet community needs.

Congressional Update. A \$40 billion Ukraine aid package passed the Senate last Thursday after a week-long procedural hold-up by Senator Rand Paul of Kentucky, who voiced concerns over the level of spending in the bill. Despite the hold-up, the Senate passed the Ukraine aid package by a bipartisan vote of 86-11, which was signed into law by President Biden on Saturday. The Ukraine bill, despite clearing the House and Senate with overwhelmingly bipartisan votes, took an extra week of Floor time for Senate passage due to mounting concerns over Congressional spending, the deficit, and rising inflation. Further, a separate \$48 billion aid package for restaurants and other small businesses met a drastically different fate after being blocked in the Senate the very same day as the Ukraine bill over similar budgetary concerns.

We've already seen the impacts that concerns over deficit spending did to the most recent COVID relief bill. The President initially requested \$22.5 billion in COVID funding in March, which was then whittled down to a \$10 billion COVID funding agreement in April. However, that agreement quickly reached a stalemate after the Biden Administration announced plans to lift a Trump-era border enforcement policy, known as Title 42, which allows the expulsion of migrants from the U.S. on public health grounds. House and Senate Leaders are still trying to forge ahead on a deal, but the path forward remains elusive. So keep an eye out for more Congressional updates coming soon.

New Rankings of Best and Worst States to Die. A recent [analysis](#) by PolicyGenius ranked factors associated with individual death in each state and the District of Columbia. The organization based its findings on indicators such as the number of people who passed away in their homes, the availability of palliative care, access to green burials and funeral costs. Vermont, Utah, and Idaho came out on the top of the list of best places to die. Rounding out the worst states are Florida, Alaska, and Texas.

CMS Updates Q&A on OASIS-E. CMS [updated](#) the OASIS Static Q&As on the QIES Technical Support Office webpage. The Q&As cover four categories of questions looking at applicability, the comprehensive assessment, follow up assessments and the OASIS data set form and items.

From HHS: Booster Shots of COVID-19 Vaccines Effective Against Omicron Subvariant: NIH [published a study](#) supported by the National Cancer Institute that booster doses of COVID-19 vaccines already in use produce neutralizing antibodies effective against a recent subvariant of the SARS-CoV-2 Omicron variant. Like all coronaviruses, SARS-CoV-2 — the virus that causes COVID-19 — has spike proteins on its surface that give it the ability to latch onto and infect cells. The Omicron variant of SARS-CoV-2 (BA.1) and its most common subvariant (BA.2) have spike proteins that are better at doing this than the original virus. Vaccines against SARS-CoV-2 prompt the immune system to make neutralizing antibodies — Y-shaped proteins that bind to the virus and prevent it from infecting cells. Researchers wanted to know whether the vaccines available today stimulate enough antibodies to protect people from BA.2. Researchers tested antibodies from the blood of 24 people after vaccination and booster doses of the Pfizer-BioNTech vaccine. They also looked at antibodies from eight people who had recovered from COVID-19, seven of whom had been vaccinated. Participants who had a two-dose vaccination and received a booster shot had a high number of antibodies that could recognize BA.2 and BA.1. That

number was even higher than the number of antibodies that could recognize the original SARS-CoV-2 after a two-dose vaccination. People who received only the primary two-dose vaccination had far fewer neutralizing antibodies against BA.2 — 20 times lower than the number of antibodies that recognized the original SARS-CoV-2.

Collaborative Care Tech Summit: June 7-8, 2022. How can the long-term and post-acute care (LTPAC) sector save hundreds of staff hours, streamline processes, speed up recruitment, and transform cost savings into increased team satisfaction and engagement? Join technology leaders at the [Collaborative Care Tech Summit](#) to learn how to address the unprecedented workforce challenges facing our sector through smart collaboration, technology, and innovation.

Financial Status of Provider Services Poll. LeadingAge is taking a quick pulse-check to gather information on the financial situation of the nursing homes, assisted living, and HCBS services our member organizations offer. Your answers will not be associated with your organization and will only be reported in aggregate. [Please take a few moments to complete the survey.](#)

It's Not Too Late: Nominate Someone for a LeadingAge Award Today! The LeadingAge annual awards honor individuals who embody excellence in mission-focused aging services leadership, are models of quality and innovation, and are making outstanding contributions to our field that merit national recognition. Nominations are currently being accepted in three categories: [Award of Honor](#), [RWJF Award for Health Equity presented by LeadingAge](#), and [Joan Anne McHugh Award for Leadership in LTSS Nursing](#). Submit your nomination by June 17, 2022. [Learn more about the award criteria and nomination process.](#)