



## Medicaid HCBS and PACE Weekly: Recap of LeadingAge Updates

June 24, 2022

**Coronavirus Update Calls for Week of June 27.** COVID-19 has created a need for creativity and new approaches to leadership. On Monday, June 27, at 3:30pm ET, we will hear from LeadingAge member **David Smart, Vice President of Operations, Still Hopes communities in South Carolina.** He will tell us about how his organization is focusing on building its leadership core to help reduce staff turnover and develop leaders. He will also discuss Still Hopes new Middle Market initiative that is focused on providing care and services to underserved older adults while expanding their portfolio. On Wednesday, June 29, we will have an engaging discussion on how organizations are working on inclusion for LGBTQ+ and building for the future. We will be joined by LeadingAge member **Gretchen Van Ness, Executive Director, LGBTQ senior housing The Pryde, and Thomas Godwin, National LGBTQ+ Elder Housing Initiative Project Manager, SAGE,** and they will share some unique training programs that are in place and also share the story of how LGBTQ Senior Housing has been working to make their new community a reality during the pandemic. 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.

**Action Alert on Aging Services Health and Workforce Programs!** Ask Congress to Increase Funding for Key Priorities for Older Adults. Congress is developing its fiscal year 2023 appropriations bills, which include key funding priorities for older adults in your community. **U.S. Representatives are voting starting this week, so now is the time to advocate for key programs that will ensure older adults have access to the aging services they need.**

[Your voice matters! Please send an email today, asking your U.S. Representative to support LeadingAge's policy priorities.](#)

**Federal Legislation Tracker.** Need to keep track of all the legislation LeadingAge is following and the summary we have produced? Our [federal legislation tracker](#) has all that information available for you to see.

**Member Story: This Provider is Easing the Worries of Older Adults Aging Alone.** The number of older adults who live alone, lacking family support or networks of friends, is growing rapidly. [Read about one HCBS provider](#) that is helping these vulnerable people plan for better, more secure futures. Are you finding ways to extend services to underserved populations? Use the [LeadingAge Story Collector](#) to tell us who, and how, you are helping.

**MACPAC's June Report to Congress Promotes the Development of a Culturally Competent Workforce.** The Medicaid and CHIP Payment and Access Commission (MACPAC) released its June 2022 [Report to Congress on Medicaid and CHIP](#), earlier this month, recommending a series of measures that Congress could take to create a better system for monitoring access to care for Medicaid beneficiaries. Chapter 6

addresses how to advance health equity in Medicaid, which has become a cross-cutting theme in MACPAC's analyses. More than half of adults and two-thirds of children enrolled in Medicaid and the State Children's Health Insurance Program (CHIP) are beneficiaries of color. Health disparities have long existed for Medicaid beneficiaries of color, and the chapter provides the context for understanding these racial disparities and inequities. The chapter also discusses policy levers that states and the federal government can use to promote equity and lays the groundwork for future MACPAC work. The discussion on the development of a diverse and culturally competent workforce (p. 17) is available [on this link](#).

**Who Pays for Long-Term Care?** The Congressional Research Service [issued](#) a short analysis of data from the Centers for Medicare & Medicaid Services (CMS) National Health Expenditure Accounts (NHEA) to examine personal health expenditures for LTSS by payer. Unsurprisingly, Medicaid made up the largest payer of LTSS, spending \$200.1 billion or 42% of overall costs. This new analysis also takes into consideration spending as part of the Federal COVID-19 Pandemic Assistance funding, which covered 6.3% or \$29.9 billion of LTSS costs.

**CMS hosted the second meeting of "Medicaid and CHIP Continuous Enrollment Unwinding: What to Know and How to Prepare, A Partner Education Monthly Series."** Despite not knowing if the Public Health Emergency (PHE) will conclude in mid-October or next year, the CMS message, as detailed in our [article](#), is for states, their partners and stakeholders to prepare and act now, so that beneficiaries maintain coverage.

**Webinar: Active Shooter Preparedness.** On June 29, 2pm ET, this webinar will outline the critical decision-making techniques and safety protocols that can save lives during an active shooter event. Recent events have once again triggered safety and security concerns across the nation. Now more than ever, it is essential for LeadingAge members to develop an active shooter emergency response plan to prepare all community members to quickly respond when someone poses a threat to the lives of older adults, families, visitors, and coworkers. Register for the [Active Shooter Preparedness](#) webinar. In this webinar, you and your team will: understand what an active shooter event is and discuss recent examples; explore approaches to active shooter preparation and response training and education; review the key policies and procedures to include in an active shooter safety action plan; and, consider the importance of planning for mental health services following an unforeseen active shooter emergency.

**Senators Call on CMS to Support Palliative Care.** Senators [asked](#) CMMI to develop payment model demonstration to support greater access to palliative care through a community-based concurrent palliative and curative care model. Senator's encouraged CMMI to build on the Medicare Care Choices Model by either creating a new model or adding palliative care onto existing models. They also stressed the importance of an interdisciplinary model to serve patients regardless of setting (i.e. home, hospital, nursing home). Signatories on the letter included the co-founders of the Senate Comprehensive Care Caucus, U.S. Senators Jacky Rosen (D-NV), John Barrasso (R-WY), and Deb Fischer (R-NE), as well as Roger Marshall (R-KS.), Catherine Cortez-Mastro (D-NV), and Krysten Sinema (D-AZ).

**Grandfamily Support Bill Passes Committee.** The House Committee on Financial Services passed HR 3111, the Grandfamily Housing Act. The bill, introduced by Representative James McGovern (D-MA) and amended in Committee by Representative Ayanna Pressley (D-MA). The bill would authorize \$100 million for a grant program for owners of intergenerational housing to employ a service coordinator to offer and coordinate services for intergenerational families, facilitate outreach to intergenerational families, plan and offer services to intergenerational families, and retrofit and maintain existing spaces within the property that contains the intergenerational dwelling unit for the services and programs provided to intergenerational families. The Senate companion to the bill, S 2179, is awaiting action in the Senate Committee on Banking, Housing, and Urban Affairs. Read more in this [article](#).

**New CDC MMWRs.** CDC released two Morbidity and Mortality Weekly Reports (MMWRs) related to anti-viral pills (Paxlovid and Molnupiravir). One, "[Dispensing of Anti-Viral Drugs for Treatment of COVID-19 by ZIP Code Level of Social Vulnerability](#)," reports that dispensing rates of the anti-viral pills in "high vulnerability" ZIP codes are half those seen in low and medium vulnerability communities. The number of drug courses dispensed since the White House began its Test to Treat initiative in March. As of May 21, the largest number of dispensing sites was in high vulnerability communities. Still dispensing rates in lower and medium vulnerability communities are more than double rates in higher vulnerability communities. The second MMWR issued today, "[Hospitalization and Emergency Department Encounters for COVID-19 After Paxlovid Treatment](#)," reports that data from a large California health system found that emergency room visits and hospitalizations for COVID occurred in fewer than 1% of patients who had previously been treated with Paxlovid.