



## Medicaid HCBS and PACE Weekly: Recap of Leading Age 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.

**Meeting with CMMI on Dementia Care models and the Role of Adult Day.** LeadingAge had an initial discussion with members of the Patient Care Models Group at the Center for Medicare and Medicaid Innovation to educate on the services provided by adult day providers and the important role they could play in dementia care models that CMMI might develop. We look forward to continuing the conversation, as CMMI noted there was more to learn about these services and the possibilities.

**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. The bill report is [here](#). The text of the draft bill is [here](#).

**TNA Workforce Action Alert for members.** *Ask Congress to Keep Temporary Nursing Assistant (TNA) Flexibilities!* If enacted, the *Building America’s Health Care Workforce Act* would extend the TNA flexibility for 24 months, enable TNAs to continue working in their current roles, and put their on-the-job experience and training toward the 75-hour federal CNA training requirement. Please take a few minutes to add your voice to the many providers asking Congress to support these critical flexibilities. [Take Action via this link.](#)

**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 in 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](#).

**National Aging and Disability Transportation Center (NADTC) Trends Report.** Transportation is a critical component of Medicaid, HCBS and PACE programming. 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.

**Fulfilling the Promise of the CHRONIC Care Act.** Passed with great fanfare in 2018, the CHRONIC Care Act paved the way for Medicare Advantage plans to begin covering services like adult day care, support for family caregivers, and other benefits that help members maintain or improve their health. 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](#).

**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.

**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.

**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.

**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.

**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.”

**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.