



Medicaid HCBS and PACE Weekly: Recap of Leading Age Updates

July 29, 2022

COVID Calls Next Week. What's the White House doing at this stage of the pandemic? What's coming in the Fall? Join us on **Monday, August 1 at 3:30 PM ET**, when Dr. Cyrus Shahpar of the White House COVID-19 Task Force tells us what to expect this week and through the coming weeks and months. On **Wednesday, August 3 at 3:30 PM ET** Dr. Ashley Ritter from [Dear Pandemic](#), "a website where bona fide nerdy girls post real info on COVID-19" will be with us to talk all things COVID. (Needless to say, the "nerdy girls" part is not serious; the information is for all.) Posts from experts, some well-known, cover new questions and bring facts to the discussion. 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.

Aging Services Workforce Now Campaign. The workforce crisis in our sector requires immediate action. LeadingAge's ongoing federal government advocacy is culminating in this new coordinated advocacy campaign— [join us to take action](#) for the aging services workforce—now! [Check out this week's Aging Services Workforce Now Campaign Update](#).

Register Today for the 2022 LeadingAge Annual Meeting + EXPO! Ready to explore new strategies for building momentum in Denver? Join your peers and experts across aging services for conversations that fuel progress at the LeadingAge Annual Meeting + EXPO. Registration and hotel blocks are now open so reserve your seat and [join us in Denver, October 16-19](#). **We will be hosting an Adult Day Services, HCBS and PACE huddle.**

Improving Medicaid Determinations During and Beyond the PHE Unwinding. Challenges Medicaid beneficiaries face with redeterminations have been an issue long before the pandemic and are heightened with the eventual end of the Public Health Emergency. Advocates are again raising practical solutions for states to implement in removing administrative barriers so that beneficiaries, including older adults, do not experience gaps in their Medicaid coverage. Read the LeadingAge article on these issues [here](#).

Understanding Medicaid Barriers: This [brief](#) describes the experiences of 132 Medicaid recipients from 16 states and territories and identifies the primary barriers they are facing alongside policy solutions to eliminate them.

Medicaid combats unaddressed SDOH. This Modern Medicaid Alliance [blog](#) looks at how the Social Determinants of Health that cause more severe health disparities, poorer health outcomes, more hospital admissions, and higher costs for patients may be addressed by Medicaid, which is uniquely situated to directly address risk factors facing the most vulnerable populations.

State Medicaid Caps on Respite Waiver Services Vary Greatly - Most states cover respite services through Medicaid waivers that provide a range of home and community-based services. Many states put a numeric cap on respite care (set limit of hours or days per service year), but caps vary widely from waiver to waiver. The cap per service year for adults ranges from 9 days (Tennessee) to 50 days (Arkansas). This [map](#), the first in a series, explores numeric caps on respite services for adults and children.

True Cost of Aging Index. This [KHN article](#) shares that the [Elder Index](#), developed by researchers at the Gerontology Institute at the University of Massachusetts-Boston, shows that more than half of older women living alone, 54%, are either poor according to federal poverty standards or with incomes too low to pay for essential expenses. For single men, the share is lower but still surprising — 45%.

Advancing Telehealth Beyond COVID-19 Act of 2022 passes the House. Late on July 27, by a voice vote of 416-12, the House passed the Advancing Telehealth Beyond COVID-19 Act of 2022. This legislation would ensure that Medicare beneficiaries continue to have access to telehealth by extending key Medicare telehealth flexibilities, enacted during the public health emergency, until at least December 31, 2024. LeadingAge advocated for this 2-year extension. This legislation is very similar to the 151-day telehealth extension legislation from the Consolidated Appropriations Act (CAA) 2022 that was passed earlier this year – it generally just extends deadlines on existing provisions. However, the bill does not include a provision from the Consolidated Appropriations Act that would extend pre-deductible coverage of telehealth services for individuals with High Deductible Health Plans – Health Savings Accounts (HDHP-HSA) plans. While this bill passed the House, we do not anticipate it moving in the Senate in the near future given its packed legislative calendar.

Senate Appropriations Committee Releases Spending Bills. On July 28, the Senate Appropriations Committee released their 12 spending bills. These were not done in coordination with the House so there is a lot more work to be done to fund the government for FY 2023 and we anticipate that there will be a continuing resolution at the end of September in order to facilitate continued work on FY2023 appropriations.

-Transportation/HUD: The FY2023 Senate THUD bill funds the overall Section 202 account at the same level as FY 2022 with a greater emphasis on expanding the number of Service coordinators and increasing contract rents to ensure successful Rental Assistance Demonstration conversions. An article with more details will be coming tomorrow.

-Labor HHS: An article analyzing the package will be available in the coming days. Some highlights include:

- The Committee provides \$47,245,000 for the Geriatric Workforce Enhancement Program, an increase of \$2,000,000. This program supports training to integrate geriatrics into primary care delivery and develops academic primary care community-

based partnerships to address gaps in healthcare for older adults. Mental and Behavioral Health Programs.

- Workforce funding: \$2.959 billion for Workforce Innovation and Opportunity Act State Grants, an increase of \$80 million over fiscal year 2022; \$303 million for Registered Apprenticeships, an increase of \$65 million; and \$1.774 billion for Job Corps, an increase of \$25 million.
- The Committee also made a recommendation around supporting the Direct Support Workforce as a career which includes \$10,000,000 for competitive grants, to be awarded in coordination with the Administration for Community Living, for the delivery of innovative strategies to significantly expand, stabilize, and retain direct support workers who provide home and community based services to people with disabilities and older adults. Grants should be awarded to partnerships of non-governmental entities and State or local governments to develop and implement strategies to recruit, educate, train, retain, and promote career advancement of direct support workers. Strategies for improving the direct support workforce must include a goal to significantly reduce turnover and improve retention of such workers, and to reduce barriers to entry for a diverse and high-quality direct support workforce, including strategies for improving wages and benefits, professional development and other worker supportive services, and advancement opportunities.
- Hospice Report Language: LeadingAge also worked to include two provisions in the draft report language on hospice bereavement and grief care. One item asks for the Agency for Healthcare Research and Quality to develop consensus standards on what constitutes high quality bereavement and grief care. The other asks a number of agencies within HHS, led by the Assistant Secretary for Planning and Evaluation, to work to scope the level of grief and bereavement services that are needed for both youth and adults given a variety of pandemic related factors.
- Nursing Home Report Language: Among the key factors to controlling the spread of COVID-19 in the post-acute and long-term care setting is the engagement of facility medical directors. The Committee expressed concern that this position remains underutilized and invisible to most patients, families, and others in health care. It, therefore, suggested a clinician list may improve the ability of public health agencies to address this is and requested that CMS and the HHS Secretary identify better ways for public health agencies to contact nursing facility medical directors.
- The Committee recommended \$40,000,000, \$15,342,000 above the fiscal year 2022 level, for grants to States for the Long-term Care Ombudsman program and the Prevention of Elder Abuse program.
- Long-Term Care Facility Metrics: In 2021, the HHS OIG found that the current CMS measures related to the use of antipsychotics are insufficient. The Committee directed CMS to review and consider retiring or improving the validity of the ten-year-old measures, and it encouraged CMS to design new measures to reflect inappropriate use of antipsychotics in skilled nursing facilities.

ADA Day 2022 Round-up- Organizations across federal government and the disability community shared many resources, blogs, and fact sheets on July 26 to celebrate the 32nd anniversary of the signing of the Americans with Disabilities Act, all compiled on the [2022 ADA anniversary page](#).

HHS Announces Proposed Rule to Strengthen Non-Discrimination in Health Care: The proposed rule, announced on July 25, implements Section 1557 of the Affordable Care Act (ACA)(Section 1557) that prohibits discrimination on the basis of race, color, national origin, sex, age, and disability in certain health programs and activities. This proposed rule restores and strengthens civil rights protections for patients and consumers in certain federally funded health programs and HHS programs after the 2020 version of the rule limited its scope and power to cover fewer programs and services. “Strengthening Section 1557 supports our ongoing efforts to provide high-quality, affordable health care and to drive health equity for all people served by our programs,” said Centers for Medicare & Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure. A [fact sheet](#) on the Notice of Proposed Rule Making (NPRM) is available in English and 16 languages.