

“Choose Home Care Act” Background



BACKGROUND

The “Choose Home Care Act of 2021” ([S.2562](#)) was introduced on Thursday July 26th by Senators Stabenow, Young, Cardin, Casey, Collins, Hassan, Lankford, and Lummis. It had support from a wide range of stakeholders in home health care and consumer organizations including the National Association for Home Care and Hospice, the Partnership for Quality Home Health Care, LeadingAge, AARP, the National Council on Aging, and a few others.

POSITIONING

Topline Summary: Opportunity for LeadingAge

- ✓ Underscores our role as the continuum organization and consistent with our goals of promoting care choices for older adults as they age.
- ✓ Opportunity for members who already have home health and/or who want to think about new and innovative strategies to serve older adults either in partnership or as a line of business.
- ✓ Opportunity for life plan community and other members who offer assisted living to support residents after they are hospitalized, with Medicare covering the care.
- ✓ Opportunity for partnerships between housing members and home health to serve residents at home after hospitalization.

Care in the home and community is aligned with the goals, values and preferences of many consumers. This preference was underscored by our own recent research that showed that [89% of Americans support public investment in affordable home care services](#).

As the aging services continuum organization and recognizing that most of our members are multi-service providers, LeadingAge advocates for policies to support the entire continuum of aging services providers and care choices for older adults. Our support of “Choose Home” advances that commitment and underscores that older adults should have high-quality and robust choices regarding where to receive care. While media and other organizations looking for a story may simplistically brand this as a competition between provider types, our position is that the “Choose Home” proposal expands the universe of options for older adults and tightens the safety net for older adults as they leave the hospital.

WHAT DOES THE BILL PROPOSE?

Eligibility:

- Patient meets SNF benefit eligibility (including 3-day stay) and patient resides at home (including assisted living)
- Controlled by use of an assessment tool that includes consideration of an individual’s place of care preferences, functionality, medical conditions, goals regarding care and family caregiver concerns. This assessment would occur as part of the hospital discharge planning process.

Mechanics:

- Eligible patients would be referred to a home-based extended care qualified home health agency that offers the Choose Home option.
- Not every home health agency would qualify to offer the home-based extended care benefit; this will not be available in every community.
- Starting from the hospital discharge, Choose Home services are covered for 30 days, and traditional home health services can continue beyond the initial 30 days as clinically indicated.

Services:

- Receive traditional HH benefit services AND for 30-days – an expanded package of services including transportation, meals, home modifications, remote patient monitoring, care coordination and discharge planning, respite care and caregiver supports training, additional nursing and therapy care as needed, and personal care services.

Financing:

- Providers receive a combination of the home health benefit episodic payment and a 4-level, 30-day fixed episodic payment intended to help finance the expanded services.
- Add-on payments for expanded services capped at 80% of the median SNF 30-day payment amount.
- No beneficiary cost sharing.

FREQUENTLY ASKED QUESTIONS

What are the upsides for non-home health agency LeadingAge members?

- The “Choose Home” services can be provided under arrangement so if any member has the ability to perform the services, could contract to offer (e.g. nursing, meals, etc).

Life Plan Communities/Hospices/other Home Care

- More opportunity to expand into care in the home and community through provision of the services by themselves or in partnership with a high-quality home health partner.
- LPCs can serve their own independent and assisted living members through this model by themselves or in partnership with a high-quality home health partner.

Assisted Living

- Can serve their residents through partnership with a high-quality home health partner

HUD-assisted affordable senior housing

- LeadingAge members who can provide the “Choose Home” services will be well positioned to partner with affordable senior housing given their trusted relationship through LeadingAge membership.

Where is the money coming from to “pay for” this proposal?

- There is an outside analysis that a modest amount of savings will come from people choosing this extended home health benefit instead of skilled nursing facility care. We want to emphasize that the anticipated amount of Medicare savings from this proposal (at most 10 billion dollars over 10 years, more likely about 2 billion dollars over 10 years) indicate a much smaller impact on the aging services infrastructure than the other anticipated investments we are working on, such as Medicaid investments in home and community based services and overall workforce investments across our sector.
- Specifically, we continue to advocate for money for workforce, including nursing home specific workforce dollars, Medicare and Medicaid increases for our entire continuum, and other policies that in combination with “Choose Home” support a high-quality, robust continuum of choices for older adults.
- While this proposal aims specifically to add an extended home health benefit to the Medicare program, this concept is going to go forward whether through this proposal, through arrangements with Medicare Advantage and other risk-based contracting, or both. We want our members to be part of this future where older adults can receive high-quality, robust supportive services wherever they call home and supporting this proposal is one piece of that future vision.