



- **Hospital and Healthcare Compensation Service (HCS) is has announced that they are currently conducting 2021-2022 Home Care and Hospice Salary and Benefits studies, now underway and invites LeadingAge members to [participate](#).** The deadline for participation in this year's study is August 2, 2021. The published results cover marketplace data for 60 jobs and 21 fringe benefits. The results cover job data by salary, hourly, and per visit rates with data breakouts by auspice, revenue size, region, state, and CBSA. Planned salary increases, turnover, caseload, and shift differential data are also covered.

Directions to Participate in the Home Care or Hospice Salary & Benefits Study

- **Download the questionnaire from the HCS website: <https://www.hcsinc.com>**
- **Email Rosanne Zabka with HCS, RZabka@hcsinc.com to confirm your planned participation.**
- **Email your completed questionnaire to Rosanne by August 2nd.**

Study participants save over 50% off the **Report** price. The pre-paid participant rate is \$185 (payment due by 8/31/2021); the billed participant rate is \$205. The standard report pricing for nonparticipants is \$375.

- **Quarterly Update to Home Health Grouper Released.** This [MLN article](#) tells home health agencies that there's an October 2021 update to the HH Grouper software to reflect annual diagnosis code changes.
- **Senate Aging Hearing:** On June 17, the Senate Aging Committee held a hearing on the caregiving workforce for older people and people with disabilities. The committee chair, Sen. Casey (D-PA), spoke to the need to invest more in home and community-based services, including the \$400 billion proposal from the White House. The ranking member, Sen. Scott (R-SC), spoke about possible alternative ways to improve HCBS, including expanding self-direction and investing in OAA programs. You can watch the hearing here: <https://www.aging.senate.gov/hearings/-21st-century-caregiving-supporting-workers-family-caregivers-seniors-and-people-with-disabilities>. A report from Senator Scott, the ranking member, can be found here: <https://www.aging.senate.gov/imo/media/doc/HCBS%20Report%20FINAL.pdf>
- **Supreme Court News:** On the judiciary side, the Supreme Court on June 17 upheld the Affordable Care Act in response to a challenge brought by a group of state attorneys general following the 2017 tax law. As a practical matter, this does not change anything as the law will remain on the books as-is.
- **Reminder on OSHA Rules:** From last week, but is worth repeating in case you missed it: last week, the Department of Labor's Occupational Safety and Health posted an emergency temporary standard for health care settings. You can see our article on the standard here: <https://leadingage.org/regulation/osha-issues-temporary-emergency-standard-healthcare-settings>. By the end of June, covered providers will need to comply with the standard. The full document is here: <https://www.osha.gov/sites/default/files/publications/OSHA4125.pdf>

- Congressional Update:** There are a lot of moving parts to infrastructure. There is a bipartisan proposal around “hard infrastructure” that has gotten to the threshold of 10 republicans supporting a very basic framework (aka no details or language yet) that includes substantial money for broadband in addition to roads, bridges, airports etc. Simultaneously, work continues in both Budget Committees on reconciliation instructions to the committees of jurisdiction, which will form the basis for a larger package. The reconciliation proposal is where we would see LeadingAge priorities like the \$400B for HCBS and potentially hundreds of billions for housing. Like with the American Rescue Plan, the committees will receive instructions with topline budget numbers and work to put the President’s Jobs and Families plan, along with their own priorities into legislative form. Congressional leadership and the President are pursuing both tracks and must balance both tracks. Even with 10 (or more) republican votes for the bipartisan bill, the Democrats need most or all of their caucus aligned to overcome the 60 vote filibuster threshold. The House also has a slim Democratic majority; there are Democratic members in both chambers that will not vote for the potential bipartisan deal without assurances that the reconciliation bill is going to include their priorities and will have the 50 votes needed to pass. Keep an eye out for Action Alerts to keep the pressure on!
- LeadingAge Update Calls: Our triweekly member update calls are moving to a biweekly schedule starting June 21.** Calls will take place on Mondays and Wednesdays at 3:30 PM EST. **On Monday, June 21,** we’ll talk with **Mark McInerney** of the state of Maine Center for Workforce Research and Information about labor and workforce data, tools for employers and more. What are the factors that are causing the labor shortages we are seeing across the country? Mark will discuss them. **On Wednesday, June 23,** we’ll talk about FDA’s recent approval of aducanumab, the new Alzheimer’s drug with Tia Powell, geriatric psychiatrist and bioethicist, who Directs the Montefiore Einstein Center for Bioethics. What are the next steps that CMS has to take and what are the policy implications of those steps? Tia will help us take a look at these and other questions. If you haven’t signed up yet, you can join the calls by [registering here](#).
- Provider Relief Fund Article from June 15 Stakeholder call and Updated FAQs:** Nicole has posted a second [article](#) in a series of articles breaking down and analyzing the new June 11 PRF reporting requirements, as we get additional clarification from HRSA. A future article will look more closely at the issue of how lost revenues, specifically, how they will be calculated under the new guidance, what documentation will be required, and the importance of a new term, “period of availability” for reporting.
- Medicaid Managed Care Issue Forum June 24 at 3p ET Reminder:** Nicole is hosting a zoom call for state execs, policy staff and state network leads to discuss issues related to Medicaid Managed Care programs. Please send topics to Nicole (nfallon@leadingage.org) that you would like to discuss as part of this call. Possible topics may include: Medicaid managed care quality metrics for LTSS and HCBS providers; which states have programs that are working? What are the best practices?
- ACL/CMS Webinar: Addressing Vaccine Hesitancy among Direct Service Workers.** On Thursday, July 1, 3:00 – 4:30 PM ET, ACL and CMS will host a webinar, “Addressing Vaccine Hesitancy Among Direct Service Workers.” In this webinar, experts in the field will discuss demographics of the DSW workforce, barriers to vaccination, strategies to increase vaccine confidence and uptake, and promising practices. **Panelists include: Cory Nourie,** Director of

Community Services, Delaware Division of Developmental Disabilities Services; **Ramu Iyer**, National Alliance of Direct Support Professionals Advisory Council Member; **Robert Espinoza**, Vice President of Policy, PHI; and **Trudy Rebert**, Federal Policy Counsel, National Domestic Workers Alliance. Webinar Registration is available [here](#). You can also contact [Meredith Raymond](#), with any questions.

- **Important elder justice legislation introduced in the Senate to protect seniors from financial fraud.** LeadingAge has issued a press statement supporting *the Senior Financial Empowerment Act* reintroduced by Senators Kirsten Gillibrand (D-NY) and Susan Collins (R-ME). This bill helps ensure that seniors and their caregivers have access to critical information regarding financial abuse by centralizing services for consumer education and data on scams and fraud targeting seniors; improving reporting of financial scams; directing NIH to conduct scientific research on older adults' increased vulnerability to scams; and designating a National Senior Fraud Awareness Week. As Katie said in our release, "Many of LeadingAge's more than 5,000 mission-driven members have [taken a leadership role in addressing these issues](#) by building on their strong ties to families and communities of the older adults they serve. As a result of those efforts, we know that older adults will benefit tremendously from the activities and resources that would result from the Senior Financial Empowerment Act". Supporting this legislation will be folded into our ongoing advocacy with the Elder Justice Coalition to reauthorize the Elder Justice Act first passed in 2010.
- **LeadingAge Participates in Domestic Policy Council Virtual Meeting Organized by the Essential Workers Immigration Coalition.** Today, LeadingAge joined the members of the Essential Workers Immigration Coalition (EWIC), in a virtual meeting with the White House Domestic Policy Council (DPC), staff that address immigration policy. The coalition members represent a broad range of industries that depend upon immigration policies that are vital to addressing growing workforce shortages. EWIC requested the meeting to ensure the DPC, which drives the development and implementation of the President's agenda, would prioritize policies that support EWIC members. EWIC urged the administration to address legislation that provides citizenship for essential workers, and the reintroduction of legislation that would implement a new pilot visa program for essential workers to fill non-farm and seasonal opportunities. Additionally, there was an opportunity to ask for the Administration's support for the LeadingAge IMAGINE Initiative that offers policymakers opportunities to implement visa programs that specifically address aging services providers to fill positions of those willing to work in LTSS. Support for DACA and temporary protective status that could help stabilize the U.S. workforce was also addressed. The DPC staff reiterated that President Biden's legislative proposal, the *Citizenship Act of 2021*, sent to Congress the day after he was inaugurated, included an eight-year pathway to citizenship for immigrants without legal status, protection for "dreamers" and increases the annual number of immigrant visas for lower-skilled jobs from 10,000 to 40,000. Going forward the DPC looks forward to working closely with EWIC, and reiterated the Administration's commitment on finding common ground within Congress on immigration policies and with organizations that are serious about confronting these issues.
- **Daily Activities and Going Out:** CDC updated their [guidance on daily life](#) for fully vaccinated people. Fully vaccinated people can resume activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

- Evaluating and Caring for Patients with Post-COVID Conditions:** CDC released [interim guidance with information on evaluating and caring for patients with post-COVID-19 symptoms and medical conditions](#). “Post-COVID Conditions” is an umbrella term for the wide range of physical and mental health consequences experienced by some patients that are present four or more weeks after SARS-CoV-2 infection, including by patients who had initial mild or asymptomatic acute infection. General [follow-up is recommended within 1-2 weeks of hospital discharge](#). Based on current information, many post-COVID conditions can be [managed by primary care providers](#), with the incorporation of patient-centered approaches to optimize the quality of life and function in affected patients, [taking into account patient history](#). Understanding of [post-COVID conditions](#) remains incomplete and guidance for healthcare professionals will likely change over time as the evidence evolves. CDC also released relevant information on [assessment and testing](#), [future directions and resources](#), and further [public health recommendations](#).
- MedPAC releases June 2021 Report.** The Medicare Payment Advisory Commission (MedPAC) released its June 2021 report yesterday. The June report A description of the subject of the chapters can be found [here](#). Top line points for LeadingAge members include:

 - The chapter on [rural health](#) mostly focused on the role of hospitals and physician services in rural areas but did have a short analysis of rural beneficiaries access to SNF and home health services. MedPAC found that there were not significant differences in access between rural and urban beneficiaries with regards to home health and SNF care. However, they did find major regional differences in access to care; just not necessarily along a strict urban/rural line.
 - MEDPAC examined [Private Equity \(PE\) business models](#) in three key sectors: hospitals, nursing homes, and physician practices. PE firms have made investments in each sector but have a limited presence: MEDPAC found that PE firms own about 4 percent of hospitals and 11 percent of nursing homes. The studies on PE ownership of nursing homes have examined a variety of quality and financial outcomes, and findings are generally mixed. One recent study found that PE ownership had no effect on total revenue or costs but found evidence of a shift in operating costs away from staffing toward monitoring fees, interest, and lease payments (Gupta et al. 2020). Another recent study found that, in highly competitive markets, PE-owned nursing homes increased staffing, while in less competitive markets they reduced staffing (Gandhi et al. 2020b).
 - Examined CMMI and recommended fewer, more streamlined models.