



Hospice and Home Health Update

February 19, 2021

COVID-19 Relief Update: On February 10, the House committee ([Energy and Commerce](#)) with jurisdiction over Medicare and Medicaid finalized its bill as part of the COVID-19 relief package. The bill includes a federal matching increase for all Medicaid HCBS programs (PACE, waiver, state plan) of 7.35 percentage points for one calendar year (April 1 2021-March 31 2022). The Congressional Budget Office estimates this will be a \$9.3 billion infusion for Medicaid HCBS to state agencies. Critically, the bill text requires states to actually use these dollars for home and community-based services *in addition to* their current spending. States would not be able to pocket this money for other purposes. The House will vote on the entire relief bill next week, at which point the process turns fully to the Senate. We have consistently pushed for dedicated HCBS funding in COVID-19 relief and will continue to do so. The bill also includes additional funding for key COVID-19 mitigation efforts, including vaccines, testing, PPE and workforce. More information is available in our write up on the committee bill [here](#).

- [Ways and Means](#): Stimulus checks of up to \$1,400; funding for unemployment insurance; Elder Justice Act funding.
- [Education and Labor](#): Federal minimum wage increase (\$15/hour by 2024); Older Americans Act funding, including special money for COVID-19 vaccine education and access, and for services to address social isolation among older adults as a result of the pandemic; OSHA/worker protection funding.
- **What's not included:**
 - The reconciliation process does not allow for an extension of the Medicare 2% sequester suspension. We were told that this falls under Budget Committee jurisdiction and the Budget Committee cannot self-assign reconciliation bill text. The sequester suspension is set to expire on March 31 and will require separate action by Congress. The 2% cut (and the suspension of that cut) applies to all Medicare billers, including home health and hospice organizations.
 - Provider Relief Funds: We continue to advocate for the inclusion of more provider relief funds, but there was no additional funding included in the House bills
 - Telehealth: no permanent extension of telehealth authorities, including the hospice face to face recertification, nor authority for home health providers to be reimbursed for telehealth visits are included in the House bills.

HHS and CMS Staffing News: Media reporting from this week named several Biden Administration nominations and staff hires of interest to home health and hospice organizations. The nominee for CMS Administrator by all indications seems to be [Chiquita Brooks-LaSure](#), who played a key role in developing and implementing the ACA exchange programs (which CMS leads, in addition to its Medicare and Medicaid functions). Liz Fowler appears likely to be named head of the Center for Medicare and Medicaid Innovation (CMMI), and Rachel Pryor has been identified as a staff hire in HHS focused on Medicaid ([source here](#)). During the campaign, Biden proposed an LTSS Innovation Fund run through CMMI and designed to bolster and scale home and community-based options. CMMI can develop and

test models without Congress, so this component of CMS will continue to be important for home health and hospice providers. Senate confirmation hearings for the HHS nominee, Xavier Becerra, are scheduled for next week. We will report out how those go.

Retail Pharmacy Partnership Update: CDC launched the Retail Pharmacy Program on February 11 and on February 18 LeadingAge hosted Ruth Link-Gelles of the organization to discuss the program and its applicability to aging services. Dr. Link-Gelles said that organization staff and patients and families outside of residential care, like home health and hospice can receive vaccine through the partnership if they are eligible under their state's respective eligibility criteria and if a participating pharmacy agrees to host a clinic. CDC has a list of participating pharmacies by state [here](#). While a number of LTC pharmacies/group purchasers are part of the program, and home and community sites like home health and hospice organizations can work with any participating pharmacy, not all hospice and home health pharmacy partners are on the participating pharmacy list. In any case, we continue raise with CDC the need to connect home health and hospice organizations and their patients and families to vaccine.

- You can listen to our discussion with Dr. Link-Gelles here: <https://d36529sg6oenc3.cloudfront.net/Events/LeadingAge%20Coronavirus%20Update%20Call%20%282021-02-18%29.mp4>.
- A summary of our discussion is here: <https://leadingage.org/regulation/retail-pharmacy-update-interview-ruth-link-gelles-%E2%80%93-february-18-2021>

CDC Guidance on Vaccinating Homebound Persons: CDC issued guidance this week on vaccine storage, transportation and administration for people in their homes/homebound people. We understand that at least some home health and hospice organizations have gone to homes and provided vaccine, and others are interested in doing so. This guidance may be helpful for booster shot administration and/or for those who might provide vaccines at home or in the community in the future. The guidance can be found [here](#).

Reminder on LeadingAge Member Call Ins: LeadingAge hosts a COVID-19 update call series for members on Mondays, Wednesdays and Thursdays at 3:30 PM EST. Every call includes an update on home and community-based services, updates for other provider types, and interviews with key experts (e.g., CDC officials, academics, providers) to share out real-time insights to our members. The calls generally run for one hour and recordings are on our website. Register here:

<https://register.gotowebinar.com/register/2218416852977539339>

Opportunity for nurses who work in long-term care: The Center to Advance Palliative Care (CAPC) is recruiting nurses who work in long-term care settings for a new peer learning and support project, the LTC Nurse Leaders Circle. It's open to nurses of any level who work in any long-term care setting with current work in or simply an interest in improving access to palliative care services for residents. **They can either be employees of facilities, or employees of hospices, ISNPs, or other entity that provide care in long-term care.** There is a preference for those who work in settings with a significant number of minority residents. Participants of this Circle get access to CAPC's courses and resources (which can be used to obtain continuing education credits), as well as a chance to learn and share ideas and challenges with their peers across the country. Anyone interested can apply via this [link](#) and there is more information in [this flyer](#).

Hospice Quality Reporting Common Questions Published: CMS put out a [Common Questions](#) about claims-based measures in the Hospice Quality Reporting Program (HGRP) this week. It answers frequently asked questions about changes to the Hospice Item Set (HIS) manual, the Hospice Visits in the Last Days of Life measure, and the forthcoming Hospice Care Index. Included amongst the answers is a question we have received frequently regarding frequency of visits to count for the HVLDL measure – visits must occur on two different days out of the last three days by either a nurse, a social worker, or both.

In addition to the information in the questions document on the forthcoming Hospice Care Index, we want to provide the link to the [comments](#) we made on this proposed measure to the National Quality Forum last month.