

Home Health and Hospice Weekly: Recap of LeadingAge Updates

November 11, 2022

Upcoming LeadingAge Coronavirus Update Calls. All calls are at 3:30 PM ET. How does HUD support preservation and recapitalization of federally assisted housing? Hear it straight from HUD! **On Monday, November 14, Tom Davis, Director of the office of Recapitalization at HUD** will join us. The Office of Recapitalization (“Recap”) supports the preservation and recapitalization of federally-assisted housing and rental assistance. Recap structures, reviews, and implements transactions to ensure long-term physical and financial viability, often through public-private partnerships and the use of tax-incentivized financing. Programs currently or recently implemented by Recap include the Rental Assistance Demonstration ([RAD](#)). **On Wednesday November 16, Ashley Z. Ritter, APRN, PhD Director of Clinical Care Research at NewCourtland** will join the call. NewsCourtland is a Philadelphia-based, non-profit organization that provides thousands of low-income seniors with affordable housing, healthcare, and supportive services which are customized to meet each individual’s unique needs. 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.

CMS Adds New Codes for Home Health Use of Telecommunications. As finalized in the CY2023 home health rule, CMS [released](#) a new Transmittal outlining three new G-codes for reporting home health services furnished by telehealth and revised Medicare system to process these codes without affecting payment to agencies. Beginning on or after January 1, 2023, agencies may voluntarily report the use of telecommunications technology in the provision of home health services on claims. This information is **required** on home health claims beginning on July 1, 2023. Agencies will submit services furnished via telecommunications technology in line item detail and each service must be reported as a separately dated line under the appropriate revenue code for each discipline furnishing the service via telehealth. The three codes are as follows:

- G0320: home health services furnished via a real-time two-way audio and video
- G0321: home health services furnished via telephone or other real-time interactive audio-only
- G0322: the collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring).

The use of remote patient monitoring that spans a number of days will be reported as a single line item reporting the beginning date of monitoring and the number of days of monitoring in the units field. We will likely see more detailed information in the coming month from CMS.

Home Health Pre-Implementation Reports (PIPRs) Available in iQIES. CMS issued the November 2022 Pre-Implementation Performance Report (PIPR) to all active home health agencies (HHAs) in preparation for the expanded Home Health Value Based Purchasing model implementation in 2023. The November 2022 PIPR is now available to download from the [iQIES](#). The PIPRs provide HHAs with data on their quality measure performance used in the expanded HHVBP Model, with comparison to HHAs nationally

within peer cohorts. The PIPRs provide a preview of where each HHA's performance falls in regard to the new baseline year of CY2022 which was finalized in the [CY2023 Home Health Prospective Payment System final rule](#). This new information will be invaluable in advance of the release of the first Interim Performance Reports (IPRs) in July 2023. Instructions on how to access the PIPRs are available [here](#). Additionally, to assist HHAs in understanding the purpose, content, and use of the PIPRs, the HHVBP Technical Assistance (TA) team created an on-demand video and downloadable resource, "*Introduction to the Pre-Implementation Performance Report (PIPR)*", now available on the [Expanded HHVBP Model webpage](#), under Model Reports.

November 17 CMS Webinar for Home Health Agencies on Pre-Implementation Reports. CMS will host a live streaming event introducing the Pre-Implementation Performance Report (PIPR) at 11:00 AM ET on November 17. This event will include a live Q&A session. Click here to register for the event: https://us06web.zoom.us/webinar/register/WN_bz6_WZm2RFm1YgRTerQi6g. Shortly after the live event, a recording and transcript will be available on the [Expanded HHVBP Model webpage](#).

QuickCast for Members on How to Educate Residents and Clients on their Medicare Choices During Current Open Enrollment Period Through December 7. It is Open Enrollment Time right now for Medicare beneficiaries, this is the one time of year when all Medicare beneficiaries decide how they want to receive their Medicare benefits –either through traditional FFS Medicare or a Medicare Advantage or Special Needs Plan. Open Enrollment happens every year from October 15 through December 7. We heard from members that many beneficiaries enroll in MA/SNP plans but don't really understand what that means for accessing post-acute care services later. So, this is a great time for members to do some pre-education with residents and clients in all their settings to help beneficiaries and their families make informed choices. LeadingAge has put together a member-only QuickCast with resources entitled, [The Importance of Medicare Open Enrollment](#). In this 18-minute QuickCast, Nicole Fallon reviews what providers can (and cannot) do to educate older adults and their families about Medicare and Medicare Advantage plans.

White House Summit on COVID-19 Equity and What Works Showcase, November 16. On November 16, the White House will hold a Summit on COVID-19 Equity to highlight interventions and approaches that have moved the needle on equitable COVID outcomes and map a path forward. Panel discussions will be live streamed. You can register [here](#).

Falls Prevention Grants. The Administration for Community Living has released a new falls prevention Notice of Funding Opportunity. The "2023 Empowering Communities to Deliver and Sustain Evidence-Based Falls Prevention Programs" will distribute \$3.5 million to six awardees to reduce falls and/or falls risk among older adults and adults with disabilities in their community through the implementation of evidence-based falls prevention programs, focusing on those older adults in underserved areas/population. The two primary goals of these awards are to develop capacity to increase the number of older adults and adults with disabilities who participate in evidence-based falls prevention programs to empower them to reduce falls and/or their risk of falls and to identify and implement one or more robust strategies that will promote the sustainability of evidence-based falls prevention programs. Eligible applicants include nonprofit organizations. View the grant announcement [here](#). An informational conference call will be held on November 16, at 1pm ET: 888-455-0043, passcode: 9989425. A recording will be available approximately one hour after the call concludes at the following number: 800-835-8069.

Research Supports CAPABLE Model. HUD and its contractor the National Council for Healthy Housing has completed research on how well the CAPABLE program can be implemented by other organizations serving clients of different backgrounds and still achieve its successes. The CAPABLE program, begun by Johns Hopkins University School of Nursing several years ago, offers a three-pronged approach: (1) the support of in-home occupational therapists (OTs); (2) the support of registered nurses (RNs); and (3) home modification services from handymen or home repair (HR) professionals to address health and safety issues. In the CAPABLE program, these three interventionists work with each other and the client to individualize the fit between the client and their home. Prior research has shown that because clients define their own goals, they are more likely to be engaged in the services and show greater function improvements. The new evaluation found that, yes, it is feasible for smaller organizations to successfully implement the program. Importantly, the study found that the program was effective at reducing falls and increasing the percentage of study group clients who reported no difficulty with bathing, lower body dressing, getting in and out of beds and chairs, using the toilet, and walking across a small room. These impacts were achieved with a modest implementation cost, ranging from roughly \$300 to \$12,000 and averaging \$2,600 per client, with the higher costs for single-family homes. Of the 132 clients who completed the programs by these four organizations, one of which is LeadingAge member Cathedral Square Corporation, one-half had incomes less than or equal to 30% of area median income, clients had lived in their homes a mean of 20 years (range less than 1 to 75 years), and 69% lived alone at baseline. Overall, 51% of clients lived in apartments or condominiums in multi-unit buildings versus single-family homes. As a companion to the [research](#), NCHH prepared an [implementation brief](#) to highlight lessons learned by the four partner organizations during this demonstration. LeadingAge also believes this research buttresses our effort to expand HUD's older adult home modification program beyond only homeowners to include renters as well.

Profile: “The Vision Centre” Offers Hope for Workforce Challenges. As described in the recent [Z-News](#), a coalition of associations (including LeadingAge,) aging services sector experts, providers and academic organizations have formally formed [The Vision Centre](#), a renamed iteration of Vision 2025 that is now a 501(c)3. One of the Centre's stated goals is to ‘create a clear path forward for young professionals to enter the sector through a defined academic program.’ Just one inspiring initiative is to create 25 university and college programs and 1,000 paid internships within the field. Yet another resource is a [guide](#) for working with universities to advance senior living leadership programs. You can read more exciting [news](#) about the Centre, and check out [resources](#) by visiting the website.

“Test Soon, Treat Early” Resources. The CDC has developed a flyer to educate people on how important it is to “TEST SOON – TREAT EARLY.” With COVID cases expected to rise in the coming weeks and months, the importance of testing and of early treatment cannot be overstated. Here is the [CDC's new flyer](#). If there is an available “test to treat” site nearby, [this jpg](#) from HHS's Administration for Strategic Preparedness Response will also be useful.

Update Reporting Requirements for Provider Relief Funds: HRSA updated the “PRF Distributions and American Rescue Plan Rural Distributions Post-Payment Notice of Reporting Requirements” on October 27. The latest draft is updated to reflect the fact that PRF funds continue to roll out and the addition of the ARP Rural funds. Under the revisions, there are now 7 reporting periods that take us through funds distributed through June 30, 2023 with final reports being submitted September 30, 2024. In addition, the rules are updated to reflect how ARP Rural funds are reported. Here are a couple of key items members should pay attention to:

- For all providers who received general distribution PRF and/or ARP rural payments, HRSA will only allow them to apply these funds to lost revenues through the end of the quarter in which the Public Health Emergency ends. Providers will be able to continue to apply these funds to COVID-19 related expenses through the end of the relevant period of availability.
- When providers who received both PRF and ARP rural funds go to report on those funds, COVID-19- related expenses and lost revenues must first be applied to their ARP rural payments, and the remainder will be applied to their general PRF distributions (e.g., Phase 4).
- In cases where a parent organization received ARP rural payments on behalf of its qualifying subsidiaries, the parent entity must report on the use of the funds not the subsidiary. Reminder that qualifying entities were not permitted to transfer or allocate any ARP rural funds to another entity.

We will be drafting an article with more details on the changes to these reporting requirements in the coming days and share that link as soon as it is ready.

Senate Hearing on Affordable Food for Older Americans. On November 16 at 10:30 AM ET, the Senate Special Committee on Aging will hold a hearing titled “Setting the Table: Promoting Healthy and Affordable Food for Older Americans.” Witnesses include a nutrition program participant from Pennsylvania, a nutrition coordinator from Georgia state government, the founder and director of the Baylor Collaborative on Hunger and Poverty, and a volunteer at a community outreach program in South Carolina. At present there is no plan for a video broadcast of the hearing. The content may be of interest to HCBS and affordable housing members of LeadingAge specifically. LeadingAge will monitor and report on any major points.