



## Hospice Weekly: Recap of LeadingAge Updates

February 3, 2023

**Upcoming LeadingAge Coronavirus Calls.** All calls are at 3:30 PM ET. How about a partnership with an Ombudsman program that finds a way to bring frontline workforce issues to the fore, that seeks to elevate the role and increase recruitment and retention? Join us on **Monday, February 6** to hear how Brenda Gallant, Executive Director of the Maine Long Term Care Ombudsman Program created and operationalized the "Power of Care" campaign. The objective of the campaign is to engage and empower direct support professionals. Brenda will talk about [results](#) of a series of direct support professional focus groups conducted as part of the work and how the report led to the creation of the Advisory Council. **Everyone needs help coming back from the isolation of the pandemic, finding their next normal. Aging services providers face additional layers of challenges supporting the older individuals they serve in reestablishing social connection and community.** On **Wednesday, February 8**, we look forward to talking with Evan Cudworth, a "Party Coach" who teaches people how to address social anxiety and optimize work and life integration. 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.

**LeadingAge responds to Congressional request on hospice benefit reform.** In response to a request from a member of Congress, LeadingAge submitted ideas around reforms and improvements to the hospice benefit. Our memo can be found [here](#). This memo presented ideas that would be new additions to hospice (like new levels of care), discussed the need to give hospices more money to pay for treatments that have a palliative intent but are cost prohibitive under the benefit, and advocated for adequately reimbursed Part B palliative care. It also discussed modifications to the current benefit that would make it work more seamlessly.

**Public Health Emergency (PHE) to End on May 11.** According to a Statement of Administration Policy (SAP) issued by the White House Office of Management and Budget, the COVID Public Health Emergency will end on May 11, 2023. The SAP was issued in reaction to House legislation under consideration this week to immediately end the COVID PHE and the President's national emergency declaration. [The full SAP can be viewed here](#).

**CMS Updates Provider Specific Waiver Information.** With the deadline for the expiration of the COVID-19 Public Health Emergency (PHE) set for May 11, 2023, CMS has updated provider specific waiver information. LeadingAge will be working to update our specific waiver documentation and planning to prepare members for unwinding of the PHE.

- [Long Term Care Facilities \(Skilled Nursing Facilities and/or Nursing Facilities\) \(PDF\)](#)
- [Home Health Agencies \(PDF\)](#)
- [Hospice \(PDF\)](#)

**New Physician Education Model Hopes to Improve Hospice Utilization.** New [research](#) from Rutgers University looks at gaps in clinical education models have been associated with under-utilization of hospice services. In part, physicians' emotions can influence their decisions around timing and type of care near the end of life often leading to unnecessary, intensive treatment. To address socioemotional gaps in physician training, researchers developed a new behavioral education model, dubbed the Terror Management Theory and Socioemotional Selectivity Theory to create the Transtheoretical Model of Irrational Biomedical Exuberance (TRIBE) model. The TRIBE model aims to improve timely hospice referrals and reduce unnecessary, high-cost care by outlining the role of socioemotional processes in the care of persons with serious conditions.

**CMS Finalizes Rule Requiring MA organizations to pay back overpayments from prior years.** Medicare Advantage Organizations (MAOs) are paid a risk adjusted amount per beneficiary and as such are incentivized to ensure all relevant and supportable diagnoses are reported. HHS Office of the Inspector General conducts audits through a process called Risk Adjustment Data Validation (RADV), which reviews a sampling of MAO medical records to determine if plan-reported diagnoses are supported by the medical records. When the audit finds the diagnoses unsupported, it is determined that the MAO was overpaid by Medicare. HHS-OIG can extrapolate the amount of the overpayment based upon the number within the sample that are unsupported. The final rule – published Jan. 30 -- establishes that CMS will seek to collect these improper payments from MAOs for the non-extrapolated amounts identified in its findings for Plan Years 2011-2017. It will begin collecting extrapolated amounts for PY 2018 and beyond. The final rule also states there will be no cap applied to these overpayments. Understandably, MAOs objected to rule, which was originally proposed back in 2018 and just now finalized. It remains to be seen whether these new overpayment collection policies will have downstream effects on provider reimbursement from MAOs, which in many cases is already dismal. CMS indicates that the overpayments are in the billions of dollars. On the upside, all the overpayments for Part A benefits should be returned to the Medicare HI Trust Fund.

**White House Fiscal Year 2024 Budget Proposal to be Released March 9.** President Biden will release his budget proposal to Congress on March 9, according to a memo circulated from National Economic Council Director Brian Deese and Office of Management and Budget Director Shalanda Young. As noted in the January 18 edition of the Nightly, the President's budget request is considered the first step in the federal budget process that includes passing annual appropriations bills that fund the government. Although federal law sets the target date of the President's budget request as the First Monday in February, this timeline often shifts depending on the circumstances. [More information can be found in this article published in The Hill.](#)

**Survey Backlogs, PHE, Enhanced Barrier Precautions Addressed on CMS / Associations Call.** LeadingAge participated in the monthly "associations" call with CMS on January 31. CMS acknowledged the recent announcement related to the May ending of the public health emergency. CMS was unable to provide details but assured the associations that details on waiver endings and changes to survey processes would be communicated in advance through memo. LeadingAge brought up concerns from members about survey and survey process backlogs. CMS acknowledged that survey backlogs persist. States are continuing to work through complaint and standard recertification surveys and report that survey processes are delayed by sometimes serious findings and state survey agency workforce shortages. Related to questions on enhanced barrier precautions, CMS confirmed that they still have not given directives or guidance to state survey agencies to survey on implementation of CDC's Enhanced Barrier

Precautions. CMS was unable to discuss staffing standards or recent memo QSO-23-05-NH (schizophrenia audits and posting citations under IDR/IIDR) on this call. A separate discussion for IDR/IIDR citations has been scheduled.

**The End of the PHE: Mixed Impact on Older Adults.** When the Public Health Emergency (PHE) ends on May 11, there will be a significant impact on older adults, according to [preliminary analysis](#) from Howard Gleckman, writing in Forbes. The loss of the three day stay waiver is front of mind for nursing home providers. In addition, it is not completely clear what will happen with treatments, tests, and vaccines currently approved under Emergency Use Authorizations and some other authorities are in question. At the same time, though decoupled from the end date of the PHE, many older adults will lose Medicaid coverage, affecting those throughout the continuum of services and care. LeadingAge staff are actively identifying top concerns for provider members and developing strategies to advocate with policymakers to ensure that the end of the PHE does not harm providers and the individuals they serve and care for.

**CMS Resources on Strengthening the Direct Care Workforce.** The Centers for Medicare & Medicaid Services (CMS) has released an online training course and a series of resources that offer strategies and information on [self-direction](#) of home and community-based services, strengthening the direct service workforce (DSW) in rural areas, and emerging strategies for states. Direct care workers, also referred to as direct service workers, provide essential supports to older adults and people with intellectual and developmental disabilities, physical disabilities, and behavioral health needs.

- [Recruiting, Selecting, and Retaining Direct Service Workers to Provide Self-directed Home and Community-Based Services \(HCBS\)](#): Online training that provides information to people who self-direct or wish to self-direct their HCBS and others interested in finding, hiring, and retaining workers.
- [Strengthening the Direct Service Workforce in Rural Areas](#): Report that summarizes the challenges of ensuring an adequate workforce in rural areas and strategies that state Medicaid and partner agencies and rural stakeholders can use to deliver high-quality HCBS.
- [The Self-direction Briefing Paper Series](#): Resources designed for policymakers and stakeholders to inform conversation and policy on HCBS self-direction.
- [Emerging Strategies for States](#): DSW Learning Collaborative summary of themes, challenges, and strategies from state Medicaid and partner agencies participating in CMS' 2021 DSW State Medicaid Learning Collaborative.

**Grant Opportunity to Address Trauma Informed Services.** The Jewish Federations of North America's Center on Holocaust Survivor Care and Institute on Aging and Trauma will be funding selected aging services organizations as subgrantees under its Person-Centered, Trauma-Informed Care: Services for Holocaust Survivors and Other Older Adults with History of Trauma, and Their Family Caregivers grant from the HHS Administration on Community Living. Applicants for subgrants may propose projects that offer a diverse array of services, including physical health, mental health, social health, cognitive health, access to community resources, financial health, and family caregiving. Aging services providers interested in applying for this opportunity must submit a letter of intent to apply by February 16. The Jewish Federations will host an informational call for applicants on Thursday, February 9; applications are due on April 17. Details are spelled out in this [Call For Applications](#) issued on February 2.