



Nursing Home Weekly: Recap of LeadingAge Updates

March 3, 2023

Upcoming LeadingAge Policy Update Call. On **Monday, March 6**, we will have Sean Slone, Senior Policy Analyst at the Council of State Governments join us to talk about their new [long-term care policy guide](#) that includes case studies highlighting strategies to respond to challenges and transform long-term care. What was the impact of COVID-19 on acceptance of home health services? **On Wednesday, March 8** at 3:30, Jennifer Inloes, BSN, RN and Dr. Sue Anne Bell, will join the LeadingAge member call to talk about their study that explores older adults' decision making around home-based care service continuation during the coronavirus disease 2019 (COVID-19) pandemic. 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.

Ranking Member and Chairman of the HELP Committee Request Workforce Shortage Information. On February 16, 2023, the Senate Committee on Health, Education, Labor, and Pensions (HELP) held a hearing "Examining Health Care Workforce Shortages: Where Do We Go from Here?" The hearing aimed to understand the root causes of our current health care workforce shortages and explore potential legislative solutions. During the hearing, witnesses provided the perspectives of medical and nursing colleges, a health system, and a health care economist.

On March 2, Senator Bernie Sanders (I-VT), HELP Committee Chairman and Senator Bill Cassidy, M.D. (R-LA), ranking member of the HELP Committee, requested input from all stakeholders to better understand their views on the drivers of health care workforce shortages and hear their ideas on potential solutions. The Committee intends to identify bipartisan solutions to remedy our nation's health care workforce shortages and develop these ideas into legislation. The Senate HELP Committee's RFI is available [here](#). LeadingAge will submit a written response to the HELP Committee's RFI, by the March 20 requested deadline.

New LeadingAge Workforce Snap Poll Supports LeadingAge Advocacy. To better understand the workforce challenges in provider member organizations across the continuum, LeadingAge has released a new quarterly "Workforce Snap Poll." The survey will be useful in our advocacy with members of Congress and the Administration, specifically helping to illustrate what the workforce crisis looks like on the ground for LeadingAge members on a variety of issues. Additionally, the Snap Poll will be particularly helpful for developing our response to the Senate HELP Committee's RFI on health care providers' workforce shortage. Please take a few minutes to share the **Workforce Snap Poll**, which can be accessed [here](#), or <https://www.surveymonkey.com/r/LJHPNBH>.

Multiple resources on Medicaid unwinding and continuous coverage released. During the public health emergency, CMS enacted requirements of states to keep Medicaid enrollees covered through the entirety of the public health emergency. The omnibus bill that passed in December delinked the continuous enrollment provision from the timeline of the public health emergency. The bill outlined that states could begin completing Medicaid eligibility redeterminations effective April 1, 2023. All

individuals enrolled in the Medicaid program will undergo an eligibility redetermination prior to June of 2024. [Here](#) is a quick overview prepared by LeadingAge. Some new resources regarding the Medicaid unwinding:

- *Anticipated 2023 State Timelines for Initiating Unwinding-Related Renewals.* As of February 24, 2023 CMS released a table outlining the initiation timeframe for each state for Medicaid unwinding. The table shows the first month in which notices will be mailed to participants and the first month any participant will be procedurally disenrolled from Medicaid. Review the table [here](#).
- *Kaiser Family Foundation (KFF) released analysis of affected Medicaid enrollees from the sunset of continuous enrollment provisions.* The brief indicates that about 5% of the 23 million newly eligible enrollees are over the age of 65 or have a disability, while one third of total new enrollments occurred in five large states: Texas, California, Illinois, Florida, and New York. Appendix 1, within the article, breaks down enrollment increases between February of 2020 and March of 2023 by state and age/program. KFF continues to estimate that between 5 and 14 million enrollees will lose coverage while referencing HHS estimates of 15 million people to lose Medicaid coverage through the redetermination unwinding. Read the full brief [here](#).
- *MACPAC Meeting discussed the end of Medicaid Continuous Coverage Requirements.* The Medicaid and Chip Payment Advisory Committee (MACPAC) meeting covered efforts from CMS to monitor states progress and activities through the recently started 14-month eligibility determination process for all enrollees. Metrics being assessed, such as call volumes, wait times, bounce rates, returned approved and denied applications, among others, will help states and CMS determine how course corrections may be required to reallocate or hire additional staff to support unwinding. Advocates and members of the committee expressed concern about beneficiary confusion. Concurrently underway in some states include contracting transitions between ACOs or MCOs through normal procurement timelines. Receipt of multiple correspondence about Medicaid, with limited understanding at the enrollee level of the program, is causing some consumers to seek help, while others discard materials because they don't understand what is required. More updates and ongoing reports will occur at the April Meeting.

Future Revisions to Antipsychotics Measures? On the CMS SNF Open Door Forum on March 2, a caller asked if the antipsychotics quality measures could be re-evaluated to expand the list of exempting diagnoses. Currently, only residents diagnosed with schizophrenia, Huntington's disease, and Tourette's syndrome are exempted from the short- and long-stay measures. LeadingAge has advocated to CMS for re-evaluation of these measures, most recently in response to the schizophrenia audits announced publicly in January 2023. In response to the caller question, a representative from CMS confirmed that CMS is currently re-evaluating the antipsychotic quality measures and a Technical Expert Panel was held recently on the topic. No further details are available at this time.

New Timelines for MDS Drafts: On the CMS SNF Open Door Forum on March 2, CMS shared updated timelines related to the latest Minimum Data Set (MDS). The final version of the MDS is expected to be released around April 1, along with a draft of the Resident Assessment Instrument (RAI) Manual. A draft of the data specifications was released in February, with final data specs expected by May. CMS will release training videos on the MDS beginning in May with live virtual workshops planned for late June / early July. The final version of the RAI Manual will be released in August. CMS intends to release a draft item set for the Optional State Assessment (OSA) in late April / early May, the assessment that states

will use to gather needed assessment data for calculating RUGs payment amounts for Medicaid beneficiaries as they work toward transitioning to PDPM by October 2025. Quality measures that utilize Section G in calculations will be transitioned for Section GG later this year with more information to come.

Transition to iQIES: CMS will transition the Minimum Data Set (MDS) to iQIES on April 17. To prepare for this transition, MDS submission through the current QIES will be cut off on April 13 at 8pm ET. There will be no way to submit MDS data during the black-out period from 8pm ET on April 13 – 8am ET on April 17. Providers are still expected to meet all timeline requirements during the black-out period, so will need to plan accordingly. Provider Security Officials (PSOs) and registered users will need to be approved prior to April 17 to avoid delays in MDS submission through iQIES. CMS clarified on the SNF Open Door Forum call on March 2 that while every nursing home must have a PSO, only those individuals who directly access iQIES will need HARP registration and iQIES user status. CMS notes that the black-out will not affect payroll-based journal (PBJ) or ePlan of Care (ePOC). Providers will still have access to PBJ and ePOC through QIES during and after the April 13 black-out. PBJ and ePOC will be transitioned to iQIES at a later date to be determined.

New SNF VBP FAQs and SNF Interim Quarterly Confidential Feedback Reports Now Available: CMS has updated the SNF VBP program [FAQs](#), which includes identifying the timeline for the new quality measures that will be used in the Value-Based Purchasing program. SNF members should also review their newly available Interim Quarterly Confidential Feedback Reports (can be found in the QIES/CASPER reporting system). These reports include stay-level information and are not considered final. Given that these reports only include partial year data and are not final, providers are unable to request Review and Corrections at this time. More information on these reports and the review and correction process can be found in the updated FAQs.

Article available on Administration statement and President Biden speech on health care affordability. An article on the Administration's statement on the need to preserve Medicaid funding and the President's related speech can be found [here](#).

KFF releases new brief on Medicaid Managed Care. The Kaiser Family Foundation released an information brief on Medicaid managed care that can be found [here](#).

COVID Reporting Concerns Shared with CMS: Throughout the PHE, LeadingAge has advocated to CMS and CDC on changes to COVID reporting requirements. In the past, we successfully identified streamlining of NHSN data elements and advocated for changes to enforcement. On the CMS/Associations "small call" on February 28, LeadingAge once again voiced concerns from members suggesting that NHSN reporting and family/resident notification requirements could be re-evaluated with the upcoming termination of the public health emergency. CMS agreed. Though they were unable to comment on whether any changes to requirements will be made, they have heard our concerns and are working with CDC to identify opportunities to streamline reporting and/or eliminate unnecessary data elements or requirements.

CMMI Evaluates Dementia Care and Palliative Care Models with Mixed Results: CMMI published summaries of two evaluations of existing programs or models on [palliative care](#) and [dementia care](#) to determine their effect on 4 metrics – Total Medicare Spending, Emergency Department Visits, Inpatient Admissions, and utilization (hospice, and LTC facilities, respectively). The Medicare Care Choices Model

stood out by improving on all 4 metrics related to palliative care. However, CMMI concluded more strategies need to be considered related to dementia care, as current dementia models did not produce significant Medicare savings but did show promise in improving experience of care and quality of life for beneficiaries and their caregivers.

CMS releases updated Medicaid and Medicare Enrollment Data. The release includes data from November of 2022 and shows Medicare enrollment over 65 million individuals with 35 million covered by traditional Medicare and 30 million covered by Medicare Advantage plans. Of that 65 million total, 12 million individuals are dually enrolled in both Medicare and Medicaid. Those duals were included in the nearly 85 million enrollees in the Medicaid program. Medicaid enrollment has swelled by almost 33% since February 2020. The full report is available [here](#).

CMS Issues New Overview on the Waivers, Flexibilities, and the Transition forward from the PHE. As part of their ongoing efforts to provide up-to-date information to prepare for [the end of the Public Health Emergency \(PHE\)](#), expected on May, 11, 2023, CMS issued a new overview fact sheet on Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency. This factsheet provides clarity on several topics including: 1) COVID vaccines, testing, and treatments; 2) telehealth services; 3) health care access. [See the factsheet here.](#)

LeadingAge Leadership Summit. We often hear from LeadingAge members that there is little time for future planning due to navigating day-to-day operations, keeping up with change, and addressing ongoing challenges. The [LeadingAge Leadership Summit](#) gives members the much-needed time to step back and come together to think big(ger) and creatively build a stronger, sustainable, and resilient future in aging services. [Read more about the keynote speakers, 75 diverse voices, and 30+ sessions that will inspire at the 2023 Leadership Summit.](#)