



Home Health Weekly: Recap of LeadingAge Updates

March 17, 2013

Upcoming LeadingAge Policy Update Calls. All calls are at 3:30 PM ET. How did REITs affect staffing during the pandemic? Not so fast! You may be surprised that it's not a completely straightforward answer. On **Monday, March 20**, **David Stevenson**, Professor of Health Policy in the Department of Health Policy at Vanderbilt University School of Medicine and **Tyler Brau**, Assistant Professor of Population Health Sciences, Population Health Sciences at the Weill Cornell Medical College join us to talk about the role of Real Estate Investment Trusts In Staffing US Nursing Homes. They were two of the coauthors on a study published in January in the journal *Health Affairs*. The coauthors created a novel database of REIT investments in the U.S. and used it to study nursing staffing (RN, LPN, and CNA) in nursing homes that did and did not receive REIT investment. **Calling all Thomas Edisons and Steve Jobs wannabes!** Join us on **Wednesday, March 22** as we chat with **Don Blose**, **CEO of Spanish Cove in Yukon, Oklahoma** about the Never Too Old (N2O) program his organization offers interested residents. Initially started in 2019 as a brain health program that also creates solutions to help older people stay independent and solve problems that create barriers to independence, the program has evolved into a twice monthly gathering of residents who talk about some of the problems of aging they are experiencing and brainstorm solutions ranging from “way out of the box” to so practical it’s hard to imagine why no one made this before. The participants – the innovators – design and develop prototypes, test them, and, if they are successful, seek patents and trademarks. 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.

Webinar: Let's Talk About Federal Advocacy. On Thursday, March 23, 2 – 3:15pm ET, LeadingAge is hosting the last of a three-part advocacy webinar series designed to help leaders of color become involved in advocacy, understand the process at the state and federal levels, and examine the importance of their unique perspective in public policy and advocacy. This session will focus on how leaders of color can get involved in advocacy at the federal level. Members of the LeadingAge public policy and advocacy team will provide an overview of the federal advocacy process, discuss their federal advocacy agenda and outline ways leaders of color can work with LeadingAge to meet shared advocacy goals. A leader of color will offer guidance on how other leaders can work with the executive and legislative branches at the federal level to advance better national policy that address the needs of their organizations, the people those organizations serve, and the team members who deliver services and supports. You'll take home useful resources available to LeadingAge members interested in advocacy. Panelists are: Fernando Torres-Gil, M.S.W., Ph.D., Professor, Social Welfare and Public Policy; Director, Center for Policy Research on Aging at UCLA Luskin School of Public Affairs; Ruth Katz, Senior Vice President of Public Policy/Advocacy, LeadingAge; Linda Couch, Vice President of Housing Policy, LeadingAge; Deke Cateau, Chief Executive Officer, A.G. Rhodes and LeadingAge Board Member; Moniqua Acosta, Director of Volunteer Services, Landis Homes Retirement Community and Vice Chair, LeadingAge Leaders of Color Network Advisory Board; and Karen Gipson, Chief Mission Advancement Officer, Aldersgate and Chair, LeadingAge Leaders of Color Network Advisory Board. Register for the webinar [here](#).

Medicare Advantage Must Change. LeadingAge Publishes Comprehensive Recommendations. As Medicare Advantage enrollment has grown, the challenges faced by providers and beneficiaries have also mounted. Without changes to current MA policies, there will be impacts across the health care system. Providers are at a breaking point. A new LeadingAge white paper, “Fulfilling the Promise: Medicare Advantage,” is a culmination of comments and concerns LeadingAge has raised with CMS and policymakers interwoven with member examples and detailed actions needed to change these current trends. This important advocacy piece gives voice to the financial and ethical struggles providers face daily when caring for MA enrollees and the barriers MA plans construct to limit enrollees’ access to care. To read the full paper, click [here](#), and a LeadingAge article is [here](#), and our press release can be found [here](#).

MedPAC Recommends 7% Cut to Home Health Base Payments. The Medicare Payment Advisory Commission or MedPAC released their yearly [report](#) to Congress outlining recommendations for lawmakers on payment changes for Medicare. MedPAC commissioners voted unanimously to reduce base payments to home health agencies by 7 percent. This is in line with CMS’ proposed rule last year which had a nearly 8% cut for home health agencies, as we all know this was later reduced by half in the final rule as CMS noted the potential negative impacts to reduce the payment in a single year. According to MedPAC’s analysis, Medicare beneficiaries use of at home care grew 2.5 percent in 2021 on a per capita basis, meanwhile profit margins were “much higher” for 2021 than 2019.

LeadingAge Supports Permanent Approval of Paxlovid. Through a letter submitted to the FDA’s Antimicrobial Drugs Advisory Committee, LeadingAge outlined the need for approval of Paxlovid and ongoing access to interventions and therapeutics to combat COVID-19. We highlighted provider experience and shared insights from our Clinical Advisory Group. Review the letter [here](#).

Home Health CAHPS Deadline for Filing a Request for an Exemption is March 31, 2023. As a reminder for all Medicare-certified home health agencies (HHAs) seeking an exemption from participating in the HHCAHPS Survey for the CY 2024 annual payment update (APU) period a [Participation Exemption Request \(PER\) Form](#) must be submitted by **11:59 PM Eastern Time Friday, March 31, 2023**. Medicare-certified HHAs that served 59 or fewer unduplicated patients between April 1, 2021 and March 31, 2022 who met survey eligibility criteria can request a PER for the CY 2024 APU.

Upcoming CMS Home Health Value Based Purchasing Quality Tools Event. On March 30th from 2:30 – 3:00 PM ET, the HHVBP Technical Assistance (TA) Team will introduce a new quality improvement resource that home health agencies can use to identify recommended best practices in home health care and prioritize performance improvement actions. [Click here to register!](#)

Research Finds Hurricane Exposure Increases Mortality Risk in ADRD Populations. New [research](#) published in JAMA Network reviewed the impact to older adults living with Alzheimer disease and other related dementias (ADRD) who experienced hurricane Harvey (2017), Irma (2017) and Florence (2018). Hurricane exposure was associated with increased mortality among the ADRD population after 2 of the 3 hurricanes. Mortality risks were lower among beneficiaries in counties that did not experience a disaster declaration. Mortality peaked 3 to 6 months after Hurricanes Irma and Harvey, suggesting the increase in mortality was due to factors other than the immediate harms of the storm. The higher mortality risks associated with Hurricane Harvey are consistent with the larger scope, scale, and impact of this storm. As anticipated, mortality risk was highest among more vulnerable ADRD subgroups,

including the oldest individuals and those dually eligible. Many older adults with ADRD are dependent on supports from others during natural disasters making them a key population for development of interventions.

“It’s Getting Scary in Aging Services;” Results of the LeadingAge Member Snap Poll and a Blog Post.

Close to 900 LeadingAge members responded to LeadingAge’s informal snap poll on workforce challenges, conducted between the end of February and the second week of March. Almost all nursing home respondents – 92% - and 70% of assisted living provider respondents said their workforce shortage is significant or severe. Here are a brief article on the [Toplines](#) from the survey results and a [blog post](#) on the results and policy solutions for which we are advocating. The survey results give us more power to reflect member input and first-hand experience, significantly increasing the impact of our advocacy with policy makers.

LeadingAge Submits Comments on CMS Interoperability and Prior Authorization Proposed

Rule. LeadingAge continued to advocate for improvements in the prior authorization processes used by MA plans including shortening the time plans have to make those determinations. In addition, LeadingAge offered its support to CMS proposals that would give providers access to patient data via an Application Programming Interface (API), which would allow the plan data source to talk to the provider’s EHR. LeadingAge argued that CMS should allow all providers who serve a plan’s enrollee to access this data not just those who contract with the plan as an in-network provider. This proposed rule also covers a framework for establishing a Patient API and a Payer-to-Payer API to share patient data. Many of the proposals for data sharing apply to both Medicare and Medicaid FFS as well as Medicare Advantage and Medicaid managed care. To view the full comment letter on this proposed rule, click [here](#).

New ATI Advisory Report on MA Plan Supplemental Benefits. Four years into implementation, nearly 40% of Medicare Advantage (MA) plans are offering either expanded primarily health-related benefits (EPHRB) or Special Supplemental Benefits for the Chronically Ill (SSBCI) in 2023. The latest [report](#), guided by the [SSBCI Leadership Circle](#) and produced by ATI Advisory and LTQA, examines why benefits that help MA enrollees stay in their homes – specifically in-home support services (IHSS), caregiver supports, and social needs benefits – have experienced significant growth and adoption despite the challenges in providing a human-powered service.

KFF Releases State-by-State Analysis of Medicaid Unwinding Activities. On March 16, the Kaiser Family Foundation (KFF) released a [report](#) outlining activities and timelines states will be undertaking during the upcoming 15 months. During the COVID-19 pandemic, states were prohibited from disenrolling Medicaid enrollees in exchange for acceptance of additional federal financial support for states’ Medicaid programs. Through the three-year prohibition from disenrollments, Medicaid roles swelled by approximately 30%. Reminder that all enrollees historically underwent annual eligibility redeterminations for Medicaid; this is the restart of that process. For some individuals dually eligible for Medicare and Medicaid, loss of Medicaid coverage may be costly as they lose access to copay and cost sharing programs. Early and often communication about the threats of losing Medicaid will help people understand messages from trusted sources and be more likely to pay adequate attention to mail from their states’ Medicaid agency. Georgia (ggoodman@leadingage.org) is happy to answer questions on unwinding. Additional resources on unwinding are available [here](#).

Committee Recommends Full approval of Paxlovid to FDA. On March 16, following a meeting of the Antimicrobial Drugs Advisory Committee, the committee recommended the FDA approve Paxlovid. The drug has been available under an emergency use authorization for over a year. LeadingAge submitted [comments](#) to the committee and FDA in support of approval, highlighting provider experiences and ongoing needs for safe and effective COVID-19 mitigations.

The WHO's going Greek. The World Health Organization (WHO) won't name new subvariants of Omicron that it doesn't think pose a significant public health threat, while those that it does will get their own Greek letter name. So there may be a Sigma or Upsilon variant to come, but not another XBB.1.5, the main variant in the U.S. right now. The WHO stressed that the new classification system doesn't imply that the circulation of Omicron strains no longer poses a public health threat. [Read more here.](#)

REMINDERS – Provider Relief Reporting Deadline – March 31. Members are reminded that they must submit their Reporting Period 4 Provider Relief Fund reports if they received PRF payments between July 1 – December 31, 2021. Providers who fail to report will be required to return funds received. LeadingAge hosted a webinar with PRF experts from CLA on the updated reporting process in February and the recording of the webinar is available on the Learning Hub, [here](#).

HRSA Continues to Send PRF Repayment Notices. These notices are being sent to non-compliant providers via certified mail and email. This is the first step in debt collection. Providers who believe that they have received a repayment notice an error (e.g., they are not required to return or submitted all required PRF reports) can seek a Decision Review. Providers only have 60 days from receipt of the notice to submit a decision review request. This is the final appeal process for all PRF decisions so it is critical that providers take action. More details on the notices and decision review can be found in this LeadingAge [article](#).

President's FY24 Housing Budget Request Overview. On March 9, the White House delivered its fiscal year 2024 budget request to Congress. Until March 13, when more detailed budget request documents are scheduled to be released, only broad overviews of the request have been made available by the Administration. The Administration's request for housing is a mix of discretionary and mandatory spending. An article of what the overview tells us about the Administration's FY24 budget request for housing is [here](#).

President's FY24 Budget Request Supports Health Care Workforce. The President's FY 2024 budget request indicates an awareness of the healthcare workforce crisis and includes some anticipated requests for increases in some existing programs. You can access an article, here with additional details, [here](#).

New HCBS Access Act Helps Address Direct Care Workforce Crisis, Medicaid HCBS Expansions. On March 9, the Senate Special Committee on Aging held a hearing, "Uplifting Families, Workers, and Older Adults: Supporting Communities of Care" which examined the economic benefit of investing in Medicaid home and community-based services, improving the direct care workers shortage and the caregiver crisis. During the hearing, Committee on Aging Chairman Bob Casey (D-PA), unveiled a new bill, the *HCBS Access Act*, which includes an expansion of home-and-community based (HCBS) services. Additionally, it provides \$2 million dollars a year for 5 years, for the Administration for Community Living to establish a Technical Assistance Center for building the direct care workforce, and allocates \$1 billion

dollars, over five years, for Direct Care Workforce Competitive Grant Initiative. An article can be accessed [here](#), for additional information on the hearing and the *HCBS Access Act*.

Shortened Life Expectancies Were More Likely to Affect People of Color During the Pandemic. The Kaiser Family Foundation's [Annual Update of Key Health Data Collection by Race and Ethnicity](#), released today, offers wide ranging measures of health and health care by race and ethnicity. Written in chartbook format, the document offers a graphic plus an explanation of it for each of the measures included. Overall, the analysis found that Black, Hispanic, and American Indian/Alaska Native people fared worse than White people across the majority of examined measures of health, health care, and social determinants of health. For example, while all groups experienced a decrease in life expectancy during the pandemic, people of color experienced a larger decrease. Among the social determinants, home ownership showed huge variance, with a rate of 77% for White individuals and 48% for Black individuals. The document provides a useful guide for health care and social service policy makers looking to target change for the greatest equity impact.

FDA Guidance on PHE Ending. The Food and Drug Administration (FDA) published notice in the Federal Register on March 13 with updates to guidance documents issued during the public health emergency (PHE). Specifically, the FDA outlines which guidance documents will end with the PHE and which will be extended for a limited amount of time. FDA states, "Importantly, the ending of the PHE . . . will not impact FDA's ability to authorize devices (including tests), treatments or vaccines for emergency use. Existing emergency use authorizations (EUAs) for products will remain in effect and the agency may continue to issue new EUAs going forward when criteria for issuance are met." Read more [here](#).

Vulnerable Populations and Emergency Planning. CDC's [EPIC Exchange](#) released on March 14 focuses on disparities and vulnerabilities during disaster. Among the populations identified as facing increased risk are people with disabilities or mobility challenges, people facing homelessness, and LGBTQIA+. While many aging services providers likely consider people with disabilities or mobility challenges in emergency planning, it is important to review your emergency plans to ensure accommodation of special needs of each of these identified populations. LeadingAge was recently notified of surveyor attentiveness to general considerations for transgender individuals in at least one state and it is likely more will follow. We encourage providers to review all policies and operations to ensure proper identification and accommodation of the needs of your unique community populations.

Legislation Introduced to Increase the Work Requirement Age to 65 for SNAP The Supplemental Nutrition Assistance Program (SNAP) provides cash benefits for use on qualifying food purchases for low-income Americans. Annually, more than 40 million people receive SNAP benefits with more than 12% of them being over the age of 60. Legislation proposed by House Agriculture Chair, Dusty Johnson (R SD) would increase the higher end age threshold for work requirements to be eligible for SNAP from 60 to 65. The legislation would also eliminate some states' waivers. This would increase the number of individuals required to demonstrate work or work seeking activities within our senior population. The SNAP program resides within the Department of Agriculture, making that committee relevant and jurisdictional. With politics split in Washington, the bill has low likelihood of becoming law.

Could State-Based LTC Insurance Work? The Long-Term Care Discussion Group's monthly virtual meeting, set for **Thursday, March 30 from 2:00 – 3:00 PM ET** will focus on "[Exploring Stakeholder Perspectives on State-Based Catastrophic Long-Term Care Coverage](#)." Presenters John Cutler and John O'Leary will talk about their Society of Actuaries-sponsored study of various stakeholders' views on

backend (or catastrophic) coverage. The discussion will cover findings in the report, highlighting support and challenges for such a program, support (or not) for a mandatory program, concerns about the viability of a tax increase to support the program, and recognition of the value of working with existing programs (Medicaid and private LTC insurance). One take home in this report is that there's a lot of support for a public LTC benefit, but little appetite to increase payroll deductions to pay for it.

AHRQ/HHS Researchers Find Racial Disparities in Reported Pressure Ulcers and Falls in Nursing Homes; Major Increases in Medication Management in Home Health. The HHS Agency for Healthcare Research and Quality produces an annual mandated report to Congress on National Healthcare Quality and Disparities. In the [recently released report](#) for this year, which covers more than 440 measures across all healthcare settings, the research team found that Black and American Indian/Alaska Native (AI/AN) individuals experienced a higher risk of having pressure ulcers in nursing homes compared to other groups. From 2013 to 2019, the percentage of nursing home residents who experienced a pressure ulcer declined (improved) overall for all racial/ethnic groups except AI/AN and Native Hawaiian/Pacific Islander. Male nursing home residents were more likely to experience pressure ulcers during the same period, compared to female residents. The report also shows the percentage of nursing home residents who experienced falls, with Black residents less than half as likely to have experienced a fall with major injury compared to White residents.

The percentage of home health patients with improved management of oral medications increased significantly between 2013 and 2020, with 77% of home health patients taking oral medications having improved their medication management during an episode of care. Black patients were 10% more likely to have been asked about their medications at the beginning of home health care than White patients.