

# Medicaid HCBS and PACE 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.

**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](mailto:ggoodman@leadingage.org)) is happy to answer questions on unwinding. Additional resources on unwinding are available [here](#).

**MACPAC Releases March 2023 Report to Congress** The Medicaid and CHIP Payment Access Commission (MACPAC) serves as a non-partisan advisory and analytic agency to Congress and members of the presidential administration. Each year, the commission is statutorily required to submit reports to congress in March and June. The March report is split into four sections. This report's executive summary states that the four sections recommendations can be characterized by: “(1) improving the collection and reporting of race and ethnicity data in Medicaid, (2) increasing the transparency and

improving the collection of nursing facility payment data, (3) giving state Medicaid programs greater flexibility in following Medicare drug coverage decisions, and (4) our statutorily required review of hospital payment policy for the nation's safety-net hospitals." LeadingAge reviewed and provided feedback on section 2. Read the entire report [here](#).

**"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.

**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](#).

**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](#).

**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.

**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](#).