



Home Health Weekly: Recap of LeadingAge Updates

April 21, 2023

Policy Update Calls – Mental Health Post-Pandemic. On **Monday, April 24 at 3:30 PM ET**, Mark SooHoo, Health Lead at Meteorite and Health Action Alliance, will join us to talk about the recent publication, "[Three Years of COVID-19: Lessons Learned and Next Steps for Employers](#)". We'll talk about important findings reported in the publication, such as employers reporting a continued need to prioritize mental health following a surge in reported levels of psychological distress during the pandemic and about the lasting impact of lost workdays. Most important we'll talk about what providers can do moving forward to ensure workplaces are healthy and robust. You can also find previous call recordings of every 3:30 LeadingAge call [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.

After a Year of LeadingAge Advocacy, HHS Makes Home Health and Hospice Ownership Data Available to the Public. In support of the President's Executive Order on promoting competition and the Administration's commitment to transparency, the U.S. Department of Health and Human Services (HHS) [is releasing ownership data](#) for all Medicare-certified hospice and home health agencies. For the first time, anyone can now review detailed information on the ownership of more than 6,000 hospices and 11,000 home health agencies certified to participate in the Medicare program on the Centers for Medicare & Medicaid Services (CMS) website. For the last year, LeadingAge provided feedback to CMS on this issue in the FY2023 Hospice Proposed Rule, CY2023 Home Health Proposed Rule, and the CY2023 Outpatient Prospective Payment Proposed Rule. Specifically, LeadingAge asked "CMS to make data on mergers, acquisitions, consolidations, and changes of ownership public for Medicare certified home health and hospice agencies."

CMS Issues Reminder to Home Health Agencies to Include FIPS Codes on Claims. Section 4137 of the [Consolidated Appropriations Act, 2023](#) extends the rural add-on policy by providing an increase of 1% of the payment amount made for home health services provided in the "low population density" category for CY 2023. An Office of Inspector General report issued last year found that data was lacking to analyze the effectiveness of the rural add on policy because data was often missing on claims. Home health agencies should continue to report value code 85 and an associated Federal Information Processing System (FIPS) state and county code on all claims. CMS referred providers to the [Home Health Claims Processing Manual](#) for more information.

New QuickCast Available on Home Health and the PHE. [What The End of the Public Health Emergency Means for Home Health Agencies](#). In this 14-minute QuickCast, Katy Barnett provides an overview of how the end of the COVID-19 public health emergency will impact waivers, interim final rules, vaccines, testing, and treatments.

The End of the PHE: Implications for Medicare Stakeholders. On April 25, from 3:30 – 4:30 PM ET, CMS will host a webinar on the implications of the May 11 End of the Public Health Emergency for Medicare providers, facilities, and beneficiaries. CMS recommends reviewing: What do I need to Know? CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency; Current

Emergencies Page; and the Coronavirus Waivers and Flexibilities pages for additional information. You can register [here](#) and you'll receive the Zoom link for the webinar.

CMS Releases Quarterly OASIS Q&A. CMS [released](#) the April 2023 Quarterly OASIS Q&A. A number of questions address the new Home Health Value-Based Purchasing Model (HHVBP):

- While OASIS-E took effect on January 1, 2023 at the same time as the first reporting year of HHVBP, only one measure from the new assessment is being used in HHVBP – D0150 because they match responses from M1730 on the previous OASIS-D1.
- Additionally, CMS reviews which OASIS measures exclude patients who are transferred or discharge from home health to hospice on or after January 1, 2023.
- Finally, CMS clarifies which patients are excluded from the OASIS-based Discharged to the Community Measure for HHVBP including hospice discharges, deaths at home, and unknown discharge reasons.

FDA Announces Changes to COVID Vaccine Guidelines and Eligibility. The FDA has announced important changes to COVID vaccine guidelines and eligibility for the general U.S. population, as well as for special categories such as young children, older adults, and immunocompromised persons. Drs. Robert Califf and Peter Mark briefly outlined these key changes in an April 20 webinar. The Emergency Use Authorization has been extended for both the Modern and Pfizer updated bivalent formulations of the COVID vaccine for a period of five years. Henceforth, only the updated bivalent formulations may be used for vaccinations, and **only one (1) administration of this updated vaccine is needed to be “up to date.”** Generally, individuals who are already “up to date” do NOT need to have the updated vaccine to continue to be “up to date.” Those who have NOT completed their original vaccine series OR have never been vaccinated will have to have one (1) administration of the updated vaccine to be “up to date.”

Special categories of administration were next addressed. For those aged 65 or older (or immunocompromised), there is evidence that the immune response to COVID wanes after four months; therefore, they are considered up to date if they have had one bivalent dose. But they are eligible for another dose of the updated bivalent vaccine four months following their last shot. For children, those who are younger than 5 and receiving Pfizer, or younger than 6 and receiving Moderna will still need the same initial series and dosage but using the updated bivalent formulation. Individuals with specific questions or who fall outside of the special categories are encouraged to consult their primary care physician. This is not a “new” vaccine and has been in use since September 2022. However, it is NOT considered a booster, but rather is a modified formulation to adjust to the current strains of COVID, and it will become the single-vaccine standard for becoming “up to date.”

No Change in CDC/CMS Masking Requirements. CMS requirements for masking in nursing homes continue to refer to and be dependent on CDC county transmission levels. One of the most frequent questions we hear is whether that is changing with the end of the Public Health Emergency. Unfortunately, at present, the answer is no; the requirement is not changing.

We have not been made aware of any coming changes to recommendations, including recommendations for masking. Even after the public health emergency ends, nursing homes will still be required to follow the CDC recommendations as an “accepted national standard” per the Infection Control requirements, which state that the infection prevention and control program must be based on an accepted national standard.

In conversations with CDC, rather than talking about relaxing recommendations, they're encouraging providers to consider how the mitigation strategies that were put in place over the past 3 years had a positive impact on infection control beyond COVID-19 (for example, we had a year or so where we essentially skipped flu season). The message we keep hearing is, "The PHE is ending but COVID is not."

LeadingAge members from around the country are reporting that hospitals in their area seem to be relaxing masking requirements. When we ask CMS the response is that hospitals should not be doing that. LeadingAge will continue talking with CMS and CDC about the requirement and its impact on providers of nursing home services and the residents they serve and care for.

CMS and HHS Host Educational Webinar on Medicaid Unwinding. CMS and HHS will host a webinar on "Medicaid and CHIP Continuous Enrollment Unwinding: What to Know and How to Prepare" on April 26 at 12:00 Noon ET. You can register [here](#) for the webinar and you will receive the Zoom link for it. Registrants will learn about how to educate staff and residents on the intersection of Medicaid coverage and employer sponsored coverage as continuous coverage provisions sunset. Presenters will cover a recent [issue brief](#) from the Assistant Secretary for Planning and Evaluation and employers roles in outreach related to the end of Medicaid continuous coverage. LeadingAge is maintaining information related to unwinding for members [here](#); you can access a high level QuickCast on the topic [here](#). Reach out to Georgia (GGoodman@leadingage.org) if you have questions or challenges.

AHRQ Releases New Stats: Improved Oral Medication Management Among Home Health Patients. New [research](#) from the Agency for Healthcare Research and Quality (AHRQ) found the overall percentage of home health patients who reported improved ability to take oral medications without assistance or supervision after they received home health services increased from 51.9 percent in 2014 to 77.7 percent in 2022. The increase occurred in all ethnicity and race groups, and in 2022 this outcome ranged from 68.6 percent of Asian patients to 79.0 percent of Black patients. This was part of a larger report and chartbook on patient safety supporting the National Healthcare Quality and Disparities Report. Poor medication management may lead to incorrect, missed, and mistimed doses, reducing the effectiveness of medical treatment plans, making adverse events more likely, and potentially leading to hospitalization, injury, or death. Over the last decade, home health agencies have made significant progress to eliminate these potential issues.

Home Care Workforce Has Not Kept Pace with Growth of HCBS. In an April 19 "ahead of print" release, the Journal Health Affairs posted an article on some research findings showing that between 2008 and 2020 the number of HCBS recipients grew at a faster pace than the number of workers who serve them. As a result, the number of home care workers per 100 HCBS residents declined by 11.6% between 2013 and 2019, with preliminary evidence showing likely declines in 2020 as well. Improving access to HCBS will require new workforce investments, the researchers – Amanda Kreider and Rachel Werner -- concluded. The abstract can be viewed [here](#).

White House Executive Order and Fact Sheet on Caregivers. This week, the President signed an [Executive Order](#) summarizing his Administration's caregiver actions and proposals; Katie Smith Sloan was among the invited guests. A Fact Sheet – "[Biden Harris Administration Announces Most Sweeping Set of Executive Actions to Improve Care in History](#)" released earlier in the day outlined key measures included in the Executive Order. This [LeadingAge article](#) summarizes the Fact Sheet and its implications for LeadingAge members. The set of initiatives released today repeats and consolidates prior budget

requests and announcements and adds some new ones. LeadingAge supports the President's proposed \$150 billion expansion of Medicaid home and community-based services funding, including a focus on supporting the HCBS workforce. We question the White House notion that there is a way to leverage Medicaid funds to ensure there are sufficient workers to provide care in HCBS settings. Importantly, the fact sheet includes a statement that the Administration will add regulations and requirements to staffing mandates (which are not yet issued) and withhold Medicare SNF funding for nursing homes that do not retain staff. (It is essential to point out that this implies a new requirement; in fact, the policy of using SNF value-based purchasing to reward SNFs that retain staff has already been proposed.) Overall, LeadingAge is concerned that White House materials continue to frame the debate as "either/or" when talking about HCBS and nursing home funding, when both are needed. Further, we continue to point out that the workforce crisis remains the most challenging issue in long-term care and it will not be solved without comprehensive immigration reform. We will continue to report on follow up activities.

New Legislation Looks to Reduce Barriers to Home Care. A new piece of legislation, [Expanding Care in the Home](#), introduced by Representatives Debbie Dingle (D-MI) and Adam Smith (R-NE) with the support of the Moving Health Home coalition. This bill aims to improve access to various types of home care, from personal care and primary care to dialysis and diagnostic imaging. It also would beef up investments in the workforce. Specifically, the bill's seven provisions would:

- Improve the feasibility for primary care doctors to deliver home-based care, bringing house calls back to Medicare beneficiaries.
- Create a personal care services benefit in Medicare to fill the gap for beneficiaries unable to afford to pay out of pocket yet do not qualify for home care services by Medicaid.
- Bolster the accessibility and affordability of home dialysis for kidney patients.
- Increase access to preventative screening by allowing beneficiaries to receive in-home lab testing.
- Fix outdated policies to better enable the delivery of advanced diagnostic imaging in the home.
- Expand access to home infusion services by addressing fragmentation and affordability.
- Build up the next generation of the home-based care workforce, including physicians, nurses, and emergency medical service providers.

Don't Miss It: ERC Office Hours. Calling all LeadingAge members who have decided to pursue the Employee Retention Credit; we are hosting a panel of experts from Venable law firm, CliftonLarsonAllen and Forvis to answer your questions about the complexities you've encountered in navigating the ERC. ERC Office Hours will be held on Tuesday, April 25 from 3:30 - 4:30 PM ET; please email [@Dee Pekruhn](#) to register and receive the Zoom link. All members are welcome; this session is specifically tailored to those who have already pursued and/or filed for the ERC.

PRF Late Reporting Requests for Reporting Period 4 Opens – April 17. The Health Resources and Services Administration (HRSA) sent notices to providers recently who failed to report on their Provider Relief Fund (PRF) payments for Reporting Period 4 (covers payments from July 1 – December 31, 2021). These notices describe the extenuating circumstances under which they can request the opportunity to submit a late report. Late reporting requests will be accepted through April 28, 11:59 PM ET. If the request is approved, providers will be required to submit their RP4 reports between May 15 and June 2.

None of these dates will be extended. Providers must first be registered in the [PRF Reporting Portal](#) and the request is to be submitted via a [DocuSign form](#). Additional details on late reporting can be found [here](#).

Elder Justice Act Reauthorization Introduced in House and Senate. On April 19, the *Elder Justice Reauthorization and Modernization Act of 2023* was introduced in the House and Senate. The bill builds on the Elder Justice Act by dedicating \$4.5 billion in funding through FY2027 for existing programs, as well as for three new programs to strengthen the long-term care workforce, address medical-legal needs, and respond to social isolation. The funding for new and existing programs includes:

- \$1.6 billion for post-acute and long-term care worker recruitment and retention;
- \$1.9 billion for Adult Protective Services functions and grant programs;
- \$232.5 million for long-term care ombudsman program grants and training;
- \$500 million to support linkages to legal services and medical-legal partnerships; and
- \$250 million to address social isolation and loneliness.

The bill's introduction was led by House Ways & Means Committee Ranking Member Richard E. Neal (D-MA), Senate Finance Committee Chairman Ron Wyden (D-OR), Senate Special Committee on Aging Chairman Bob Casey (D-PA), and Co-Chair of the House Elder Justice Caucus Congresswoman Suzanne Bonamici (D-OR). A summary of the bill can be found [here](#). A section-by-section summary of the bill can be found [here](#). The legislative text of the bill can be found [here](#). Bipartisan sponsorship will be needed to move the bill forward. In addition, it is important to note that the fate of this proposal is connected to the larger debate about the debt ceiling/budget cuts.

LeadingAge Submits Comments to FTC on Proposed Non-Competes Rule. LeadingAge on April 19 submitted [comments](#) to the U.S. Federal Trade Commission concerning a [proposed rule](#) that would prohibit employers from entering into non-competition agreements with workers. In its explanation of the proposed rule, the Commission noted that, where an employer is exempt from coverage under the Federal Trade Commission (FTC) Act, the employer would not be subject to the rule, such as an entity that is not "organized to carry on business for its own profit or that of its members." This essentially relates to what authority the Commission has under the FTC Act with respect to certain matters, and we asked in our letter for the FTC to include this confirmation of exemption for nonprofits in any final rule. We also shared brief comments recommending that the Commission tailor its proposal if it proceeds to issue a final rule, rather than taking a one-size fits all, categorical approach.

Home Care Workforce Has Not Kept Pace with Growth of HCBS. In an April 19 "ahead of print" release, the journal *Health Affairs* posted an article on some research findings showing that between 2008 and 2020 the number of HCBS recipients grew at a faster pace than the number of workers who serve them. As a result, the number of home care workers per 100 HCBS residents declined by 11.6% between 2013 and 2019, with preliminary evidence showing likely declines in 2020 as well. Improving access to HCBS will require new workforce investments, the researchers – Amanda Kreider and Rachel Werner -- concluded. The abstract can be viewed [here](#).

MACPAC Discussed Denials and Appeals in Managed Care The Medicaid and CHIP Payment Access Commission (MACPAC) serves as a non-partisan advisory and analytic agency to Congress and members of the president's administration. On April 14, Commissioners and attendees heard a [presentation](#) from staff on interview findings of beneficiaries and managed care organizations. The questions were

designed to help interviewers better understand how appeals processes help beneficiaries access services and understanding of denials oversight in managed care. MCOs asserted that many denials were issued because of inadequate documentation to determine medical necessity. Beneficiaries noted concerns with conflicts of interest in MCOs handling of appeals citing misaligned incentives. Following the presentation from staff, spirited conversation and comments from commissioners aligned with many of LeadingAge's concerns around prior authorization and denials as outlined in this LeadingAge [article](#) about our recently issued white paper, *Fulfilling the Promise: Medicare Advantage*. MACPAC is considering recommendations and LeadingAge will continue to monitor and engage on developments.

MedPAC Advisors Need More Data to Judge Telehealth Outcomes. On April 14, LeadingAge Staff attended MedPAC's April public meeting session on telehealth quality, access, and cost in advance of a Congressionally mandated report on telehealth due in June. Although the advisory panel noted that expanded telehealth access during the pandemic increased access to care, the impacts on care quality and cost couldn't be determined due to specific data limitations and the unknown impacts of COVID-19 on the results of their analysis. Many of the panelists also noted the lack of distinction between various technology services under the telehealth definition, including remote patient monitoring (RPM) and chronic care management (CCM), all of which needs to be studied at a more granular level. Congress extended access to expanded telehealth services through 2024 in the FY23 government spending bill. Meanwhile, the panelists said the committee hopes to offer more guidance as better data becomes available. [More information on MedPAC's public meeting schedule can be found here.](#)

Letter to Senate Appropriators from 42 Lawmakers Seeking \$4.6 Billion in OAA Funding. The Senate HELP Committee Chairman Bernie Sanders (D-VT) has once again led efforts to send a letter to the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education leadership, urging an increase in funding for programs authorized under the Older Americans Act (OAA). The letter is requesting \$4.63 billion in funding for OAA programs and services in fiscal year (FY) 2024. In total, 42 Senators signed the letter, requesting additional funding to address the increased demand for and cost of OAA-related services. OAA programs provide vital services for over 11 million seniors across the country which includes providing congregate and home-delivered meals, transportation services, family caregiver support, activities that promote socialization and wellness at senior centers and employment and community service opportunities for low-income seniors. Additionally, increased OAA-related funding could support an increase in funding allocated to ACL's Direct Care Workforce Center and Competitive Grants. This program is authorized in Title IV of the OAA, in coordination with the Secretary of Labor, to carry-out the demonstration of new strategies for the recruitment, retention or advancement of direct care workers. If at least \$8 million in funding is appropriated, ACL would begin with demonstrations that could prove the concept of what approaches were effective. You can access the letter [here](#).

Speaker's Debt Ceiling Conditions Would Damage Aging Services. On April 19, House Speaker Kevin McCarthy (R-CA) released his "Republican Plan to Address the Debt Ceiling," the 320-page [Limit, Save, Grow Act of 2023 Act](#). The proposal describes specific items Speaker McCarthy is seeking in exchange for raising the debt ceiling. In a [statement](#), Speaker McCarthy says the plan shows that "House Republicans are taking action to lift the debt limit, limit government spending, save taxpayers money, and grow the economy." The bill would cap federal discretionary spending, which include spending on HUD housing programs and Older Americans Act programs, to the FY22-enacted level (a \$180 billion cut compared to the FY23 enacted funding level) and then cap increases to 1% a year through 2033. Such a roll-back in

funding could be devastating to programs serving older adults like affordable housing programs, which need annual increases just to serve the same number of people. The bill would also “claw back billions of dollars in unspent COVID money that has sat for 2 years,” prohibit the “student loan giveaway to the wealthy,” and repeal funding for new IRS agents and for new clean energy tax credits. The bill would also require “adults without dependents earn a paycheck and learn new skills,” including by increasing the threshold for the age-related exemption from work requirements in the Supplemental Food and Nutrition Program (SNAP) from 50 to 56 years old. Current federal law requires able bodied adults without dependents younger than 49 years old on SNAP to participate in work, training, or education for 20 hours a week; the bill raises that to 56 years old. The proposal, Speaker McCarthy said, will “protect and preserve Medicare and Social Security because more people will be paying into it.” President Biden has said he does not want conditions placed on raising the nation’s debt ceiling. Speaker McCarthy hopes to bring his bill to the House floor for a vote the week of April 24.

CMS Releases Materials from Medicare Home Health PPS Webinar. If you missed the opportunity to listen to the webinar on the development of the CY2023 Home Health Prospective Payment System, CMS has released the updated presentation, audio of the conversation, as well has a transcript of the call.

[Updated presentation](#) (updates to slide 35 and 42)

[Audio](#) (Passcode: =u.#r7XD)

[Transcript](#)

Home Health Original Claims: Don’t Include Cross-Reference Document Control Numbers. Effective April 1, 2023, Medicare Administrative Contractors (MACs) will return original home health claims (Type of Bill 0329) with cross-reference document control numbers (XREF DCN). HHAs should only submit these control numbers on adjustment claims. More Information:

Sections 130.1, 160, and 160.1 [Medicare Claims Processing Manual, Chapter 1](#)

[Instruction to your Medicare Administrative Contractor](#)

ICYMI: Expanded Home Health Value-Based Purchasing Model: Self-Assessment Tool Webinar Materials Now Available. Earlier this month, the Home Health Value-Based Purchasing TA team hosted a webinar on new tools and resources for self-assessment in the expanded model. If you missed that conversation, CMS posted materials from the Strategies for Success Self-Assessment Tool webinar in March:

[Recording](#)

[Slides](#)

[Written Resource](#)

New GAO Report on Opioids’ Impact on Older Workers. A [new report by the Government Accountability Office \(GAO\)](#) provides a detailed examination of the relationship between labor force participation rates and substance use. The GAO’s report, “*Older Workers: Opioid Misuse and Employment Outcomes*,” was requested by Senators Tim Scott (R-SC), Susan Collins (R-ME), Bob Casey (D-PA). It builds on the efforts of the Senate Special Committee on Aging to support older Americans in the workforce. Although the labor participation rate among Americans age 50 and older increased significantly in the

years prior to the pandemic, the GAO findings show that older adults who misuse opioids are much less likely to be employed than their peers. According to the GAO, when compared with all older adults age 50 and older who did not misuse opioids, older adults who misused opioids were an estimated 22% less likely to be in the labor force (either employed or actively seeking work); older adults in the labor force who misused opioids were an estimated 40% less likely to be employed; and, employed older workers who misused opioids were twice as likely to have experienced periods of unemployment.

Last Week's Home Health Weekly Update. Here is the April 14, 2023 [Home Health Update](#).