

Home Health Weekly: Recap of LeadingAge Updates

May 12, 2023

Policy Update Calls – all calls are at 3:30 PM ET. Do mission focused providers need financial management education? On Monday, May 15, we will have Karen Sturchio, Chief Executive Officer at the Kansas Christian Home will join us to talk about importance of financial management education for nursing home administrators. Karen is very interested in the balance between hewing close to mission and thriving in the marketplace.

And then, let's talk about immigration reform – what can we really expect this session of Congress. On May 17, Jon Baselice, Vice President of Immigration Policy at the U.S. Chamber of Commerce will join us to talk about their work and how LeadingAge members can engage in the immigration policy conversation. He'll give us a Washington insider's view of what might get through this Congress and how providers should be approaching advocacy. Members and other interested individuals can sign up to join LeadingAge's Policy Update calls <a href="https://example.com/hembers-new-membe

Senate Hearing on MA Denials and Delays on May 17, 2 PM ET and New LeadingAge Managed Care Solutions Member Network Meeting. The Homeland Security & Government Affairs Permanent Subcommittee on Investigations will be taking testimony on May 17 at 2 PM ET regarding egregious examples of Medicare Advantage plans denying or delaying care for Medicare beneficiaries enrolled in their plans. LeadingAge has met with the bipartisan staff to review the issues members have raised on these topics and to provide examples. We are preparing a statement that will be submitted to the subcommittee and we continue to collect stories from members of where MA plans have wrongfully denied care to older adults in our members' care. Member stories can be submitted to Nicole (NFallon@LeadingAge.org). It should be noted that the Subcommittee is working quickly to compile research and hear from providers and beneficiaries first-hand about the issues. Members interested in learning more can participate in a kickoff meeting of the new member network, Managed Care Solutions Network, on May 24 at 2 PM ET. Members should email Nicole regarding their interest in attending the Managed Care Solutions Network meeting.

Post-Acute Care Industry Report Finds Dip In FFS Home Health Admissions, Stability in Hospice, and Growth in Skilled Nursing. A new report from market intelligence firm Trella Health found that national fee-for-service home health admissions decreased by 8.6% in the second quarter of 2022, possibly attributed to more fee-for-service patients going into skilled nursing. The report covers a wide range of topics, including Medicare Advantage enrollment, post-acute discharge instructions, admission and utilization trends for home health, hospice, and skilled nursing – plus, a look at the Hospice Care Index, VBID (Value-Based Insurance Design), and Telehealth trends. Below are a few key takeaways from this year's report:

- Year-over-year FFS admissions in 2022 Q3 fell by 8.6% for home health, stagnated for hospice at a 0.1% decrease, and grew by 5.8% for skilled nursing continuing a more erratic trend due to the lasting impacts of the COVID-19 pandemic.
- FFS inpatient discharge instructional rates for home health and skilled nursing reverted closer to pre-pandemic levels between 2021 Q3 and 2022 Q3. However, it remains to be seen whether they will stabilize or find a new normal post-pandemic.
- Inpatient utilization of home health, hospice, and skilled nursing agencies also moved closer
 to pre-pandemic levels. Notably, adherence to home health and hospice discharge
 instructions remains higher than 2019 benchmarks. However, while skilled nursing
 adherence increased from the previous reporting period, more progress needs to be made
 to reach pre-pandemic levels.
- Medicare Advantage enrollment continues to inch closer toward half of Medicare-eligible beneficiaries, sitting at 46.2% in late 2022 with the potential to eclipse 50% as soon as 2024.

Vaccine Mandate for Healthcare Workers Still In Place Because CMS Has Issued No Additional Details. LeadingAge communicated extensively with CMS today, seeking clarity on the staff vaccination mandate and the end of the Public Health Emergency. In the May 1 MEMO QSO-23-13-ALL, the staff vaccination requirements section states that "CMS will soon end the requirements that covered providers and suppliers establish policies and procedures for staff vaccination. CMS will share details regarding ending this requirement at the anticipated end of the public health emergency." It is May 11 today, the end of the Public Health Emergency and CMS has not shared any additional details. We have heard from members and state partners that have interacted with their state survey agencies; there is confusion regarding the staff vaccination mandate and the PHE. The clearest answer we have gotten from CMS is the following: "everyone(nursing homes) will need to keep remaining compliant (which is basically everyone) until CMS issues formal communication about this regulation." We do not have any other details at this time but will keep you informed about our ongoing conversations with CMS.

Mark Your Calendars – May 24 at 2:00 PM ET – First Managed Care Solutions Member Network meeting: Please share with members This is a new member network where we seek to bring together members arming them with the latest information, sharing strategies for addressing the current challenges of working with Medicare Advantage or other managed care plans, and working toward advocating to policymakers for needed changes. At our first meeting, we will discuss the recent final rule CMS published covering CY2024 Medicare Advantage policies such as coverage determinations, prior authorizations and prohibited marketing/communications practices. We will also use this first meeting to identify future topics that members are most interested in exploring at the network's monthly meetings. Members interested in joining this new network should email Nicole (NFallon@LeadingAge.org).

DEA Temporary Rule Extends Prescribing of Certain Controlled Medications. DEA released the text of the <u>announced</u> temporary rule to temporarily extend telemedicine flexibilities for the prescription of controlled medications. The goal of this temporary rule is to ensure a smooth transition for patients and practitioners that have come to rely on the availability of telemedicine for controlled medication prescriptions, as well as allowing adequate time for providers to come into compliance with any new standards or safeguards that DEA and/or SAMHSA promulgate in one or more final rules later this year. DEA, jointly with SAMHSA, is issuing a temporary rule to:

- Maintain the full set of telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 PHE will remain in place through November 11, 2023, provided certain conditions are met.
- Additionally, for any practitioner-patient telemedicine relationships that have been or
 will be established on or before November 11, 2023, the full set of telemedicine
 flexibilities regarding prescription of controlled medications as were in place during the
 COVID-19 PHE will continue to be permitted via a one-year grace period through
 November 11, 2024. In other words, if a patient and a practitioner have established a
 telemedicine relationship on or before November 11, 2023, the same telemedicine
 flexibilities that have governed the relationship to that point are permitted until
 November 11, 2024.

CDC Releases Updated Recommendations for Healthcare Providers. On May 8, the CDC updated recommendations to coincide with the ending of the public health emergency on May 11, 2023. This LeadingAge article provides details. The Community Transmission rates metric for SARS-CoV-2 data will sunset and has been removed from the guidance. This metric influenced the use of source control (or masking) in all healthcare settings as well as admission testing in nursing homes. The updates in the Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic include:

- Admission testing in nursing homes will be at the discretion of the facility, as it already is for other healthcare settings.
- Facilities will be encouraged to look beyond SARS-CoV-2 and make broader masking decisions based on facility-and-patient-level characteristics and local metrics that could reflect increasing respiratory virus transmission in the community.

New PRF FAQs, Limits on using PRF for Lost Revenues and Other Key Date Reminders: HRSA updated its Provider Relief Fund FAQs on May 5 to include additional reporting periods and the end date by which COVID-related lost revenues must be incurred (June 30, 2023) for providers to be able to apply their PRF and ARP Rural Funds to them. Any COVID-related lost revenues incurred between January 1, 2020 and June 30, 2023 can be covered with available PRF and ARP Rural funds through the final reporting period. Here is a LeadingAge resource that provides the updated reporting timelines.

Providers are reminded of the following upcoming key dates:

- May 15 June 2, 2023: Reporting Portal open for submitting late reports from Reporting Period 4 for those providers who made such a request and were approved.
- **June 30, 2022:** This is the final date for which COVID-related lost revenues can be incurred.
- Reporting Period 5: Covers PRF and ARP Rural funds received between January 1 June 30, 2022. These providers can use these funds for COVID- related expenses incurred between January 1, 2020 June 30, 2023. Reporting will begin July 1, 2023.
- **Final Repayment Notices:** Providers who receive these notices must either return funds or submit a request for a Decision Review within 60 days of receiving such a letter. Decision Review is the final appeal opportunity for providers.

An article summarizing these items and linking to more details can be found here.

Register for the ACL's Elder Justice Coordinating Council Meeting. Join the Administration for Community Living (ACL) for the next virtual meeting of the Elder Justice Coordinating Council (EJCC), June 8, at 10:00 AM ET. The meeting will highlight the importance of including older adults in preparedness planning for disasters, emergencies, and pandemics and discuss the future of the elder justice movement as we prepare to commemorate Day. You can access the meeting registration, <a href="heepto:heepto

Passed in 2010, the *Elder Justice Act*, established the Elder Justice Coordinating Council to coordinate activities related to elder abuse, neglect, and exploitation across the federal government. The Elder Justice Coordinating Council is directed by the Office of the Secretary of Health and Human Services (HHS) and the Secretary serves as the Chair of the Council. The HHS Secretary has assigned responsibility for implementing the EJCC to the ACL. The <u>Elder Justice Coordinating Council</u> brings together leaders from across the federal government to address issues of elder justice nationally. Council members include the leaders of federal departments, agencies, and entities administering programs related to abuse, neglect, or financial exploitation.

New AARP Poll Finds Voters Support Family Caregivers. A <u>new poll</u> released by AARP Friday revealed that voters in the United States want Congress to provide support for <u>family caregivers</u>. Fifty-seven percent of the roughly 1,400 registered voters polled believe Congress should increase support for unpaid caregivers. About 75% of voters 50 or older think it is important for Congress to help seniors age in their own homes. Nearly 80% of respondents were current, past or expect to be future family caregivers. About 30% said they spent more than \$5,000 out of pocket to support a loved one.

Person Centered Nutrition Planning and Service Delivery for Older Adults The National Center Advancing Person-Centered Practices and Systems is partnering with Meals on Wheels to offer a webinar on Tuesday May 23 from 3-4:30 ET. Presenters from Meals on Wheels across the country will present on promising practices to promote independence and aging with dignity. Register here.

KFF Map of States' Activities for Medicaid Unwinding The end of Medicaid continuous coverage provisions will mean loss of health insurance for millions of Americans- possibly residents in your community or staff supporting your operations. Of those likely to lose coverage, many will result from administrative failures, not from changes to eligibility- meaning people will be disenrolled for data errors or failure to fill out their paperwork, not because they now earn too much money or have come into a windfall of assets. Kaiser Family foundation has released a map to help people understand when their state will begin disenrolling individuals. Imbedded within the description is a Google document including links to each states' websites and national data trending tables, along with state level breakouts. If you have questions or concerns about unwinding, please reach out to Georgia (ggoodman@leadingage.org).

WHO Declares End of COVID as a Global Health Emergency. On May 5, the World Health Organization (WHO) declared that Covid-19 no longer represents a "global health emergency." The decision came after a recommendation from a committee of global health experts that found the situation no longer meets the criteria of a public health emergency of international concern (PHEIC). A PHEIC is an official designation that triggers certain actions and recommendations under the International Health Regulations on surveillance, reporting and response. WHO issued a new preparedness and response plan on May 3 that sets out objectives for countries to move from crisis response to longer-term management of Covid-19.

Last Week's Home Health Weekly Update. Here is the May 5,2023 Home Health Update.