



## Medicaid HCBS and PACE Weekly Recap

August 4, 2023

**LeadingAge Member Calls:** On **Monday August 7<sup>th</sup>**, we will welcome Steve Moran, Publisher, Senior Living Foresight. He will discuss leadership, employee engagement, development, and other strategies and insight on maintaining and growing senior living and the workforce. On **Wednesday August 9<sup>th</sup>**, we will welcome Mary Munoz, Senior Managing Director, Senior Living Finance Practice. She will talk about trends in business transactions, affiliations, and other factors impacting long term sustainability and survivability.

Members and other interested individuals can sign up to join LeadingAge's Policy Update calls [here](#). 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.

**HHS webinar series on Medicaid unwinding includes August 17<sup>th</sup> webinar on Medicaid unwinding and older adults:** HHS is having a series of webinars on Medicaid unwinding for special populations. The full series of webinars is below. The Aug 17<sup>th</sup> webinar is focused specifically on older adults. This webinar series will provide partners with strategies to reach out to diverse communities and audiences to share information about Medicaid and CHIP renewals. Each webinar will also include a **"train-the-trainer"** presentation, during which CMS will walk-through a set of downloadable slides that partners can use to educate others in their communities about Medicaid and CHIP renewals. All webinars are from 3-4pm ET. Register [here](#) and you will receive a Zoom link upon registration.

**Dates:**

- **Thursday, August 3rd: Reaching Asian American, Native Hawaiian and Pacific Islander (AANHPI) Populations**
- **Tuesday, August 8th: Reaching Hispanic and Latino Populations**
- **Thursday, August 10th: Reaching Black American Populations**
- **Thursday, August 17th: Reaching Aging and Disability Populations**
- **Thursday, August 24th: Reaching Rural Populations**

**CMS publishes new change request on processing disenrollments from PACE:** CMS issued a [new change request \(CR 13248\)](#) on processing disenrollments from PACE programs. The change request takes effect on Jan 1, 2024. There is an associated MLN article that can be found [here](#).

**Summer Recess Means Opportunity for Aging Services Providers. As the House and Senate break for recess, now is the time to invite your members of Congress to experience firsthand the incredible services you deliver and see the impact of workforce challenges. [Sign up for more information](#) and resources from LeadingAge to support Congress in Your Neighborhood. After the visit to your community or organization, fill out this short [Congressional Visit Survey](#) to share what you learned—and for a chance at a free registration to the 2023 LeadingAge Annual Meeting in Chicago, November 5-8.**

**CMS Guidance Allows states additional time for Appendix K HCBS Flexibilities** The guidance offers states seeking to make certain Appendix K flexibilities permanent additional administrative time to complete the

process. States submitting waiver amendments for HCBS programs including addition of flexibilities already authorized under Appendix K prior to November 11, 2023 will be considered in compliance regardless of whether CMS has approved the waiver amendment. States can take steps to increase slots, services, payments, etc already available under existing 1915(c) authorities. The new guidance should smooth the transition period for states seeking permanent flexibilities and relieve adherence to strict administrative timelines. Read the full guidance [here](#).

**KFF releases new brief on dual eligibles.** KFF released on a new brief on where dual eligibles get their coverage. 49% of duals are enrolled in Medicare Advantage and 51% are in Traditional Medicare. 30% of duals are in dual-specific plans – DSNPs, Medicare-Medicaid Plans, PACE, and FIDE SNPs. 19% are in regular Medicare Advantage Plans. The full brief can be found [here](#).

**CMMI announces new dementia focused model.** On July 31<sup>st</sup>, the Center for Medicare and Medicaid Innovation (CMMI) announced the Guiding an Improved Dementia Experience (GUIDE) model.

- GUIDE is an 8 year voluntary model that will be available to be offered by eligible providers in all 50 states, the U.S. territories, and DC. The model is designed to attract a range of Medicare Part B providers with expertise and capabilities to provide ongoing longitudinal care and support for people living with dementia and those who care for them. This model is focused on dementia care in the home and community.
- Eligible providers must be Medicare Part B enrolled providers/suppliers excluding DME and laboratory providers who are eligible to bill the Physician Fee Schedule services and agree to meet the care delivery requirements of the model. If a potential participant cannot meet the care delivery requirements alone, they can contract to meet them.
- Eligible beneficiaries must be enrolled in Medicare FFS, not residing in a nursing home, and not be enrolled in PACE or hospice. Hospice and PACE organizations can participate if they utilize a separate Part B TIN.
- Payment will be a monthly per beneficiary per month payment for providing care management and coordination, caregiver education and support services. Services are to be provided to both beneficiaries and their unpaid caregivers. There is a separate respite care payment and for some providers, a infrastructure payment to support program development activities.
- There are two program tracks – an established program and a new program. Established programs will begin the model on July 1, 2024. New programs will start on July 1, 2025; the 2024-2025 year will be a pre-implementation year.

A webinar on the new GUIDE model is being offered on **August 10<sup>th</sup>, 2023 at 2pm et.** Registration can be found [here](#). A nonbinding [letter of interest](#) is due on September 15<sup>th</sup>, 2023. A more detailed article from LeadingAge on the model will be forthcoming. More information on the model from CMMI can be found [here](#).

**HHS announces Long COVID Office and Clinical Trials.** On July 31, U.S. Department of Health and Human Services (HHS) announced the formation of the Office of Long COVID Research and Practice to lead the Long COVID response and coordination across the federal government. The Office of Long COVID Research will be located within HHS's Office of the Assistant Secretary for Health under the leadership of the HHS Assistant Secretary for Health, Admiral Rachel Levine. The Office is charged with on-going coordination of the whole-of-government response to the longer-term effects of COVID-19, including Long COVID and associated conditions and the implementation of the [National Research Action Plan on Long COVID - PDF](#) and the [Services and Supports for Longer-Term Impacts of COVID-19 - PDF](#).

Additionally, the National Institutes of Health (NIH) also announced launch of the Long COVID clinical trials through the [RECOVER Initiative](#). The NIH RECOVER Initiative, launched in 2021, is a \$1.15 billion nationwide research program designed to understand, treat, and prevent long COVID, which describes long-term symptoms following infection by SARS-Cov-2, the virus that causes COVID-19. More information on both announcements can be found [here](#).

**CMS Launches Medicaid Unwinding Data Reporting.** On July 28, CMS operationalized reporting of aggregate data on Medicaid Unwinding. As states complete renewal processes for 93 million current Medicaid enrollees across the country, accurate records must be maintained and reported to CMS in order to continue collecting additional federal matching funds. CMS committed to public reporting of data and has launched their data reporting initiative. The data and analysis are from the first month in which states could issue terminations: April 2023. Monthly updates are anticipated. The data illustrate that of those individuals terminated from coverage, more than 79% were for procedural reasons, leaving less than 21% of terminations for ineligibility. Review their reporting [here](#).

**Last Week's HCBS and PACE Weekly Update.** Here is the July 28, 2023 [HCBS and PACE Update](#).