



## Hospice Weekly: Recap of LeadingAge Updates

September 13, 2024

**National Policy Pulse Call.** LeadingAge’s members-only briefing and analysis call with our experts, “National Policy Pulse,” happens every Monday at 3:30 p.m. ET. Register for the calls (registration required even if you were registered for the previous 3:30pm policy update calls) [here](#). Your registration will keep you on the list for all calls in 2024, and we’ll send a new registration link to members for calls in 2025 so you never miss a beat.

**Home Health and Hospice Providers Can Request COVID Test Kits from HHS.** LeadingAge has received confirmation that home health and hospice agencies are eligible to request COVID test kits upon request to the Department of Health & Human Services (HHS). LeadingAge has confirmed with HHS that the program continues at this time and into 2025. Nursing homes, assisted living, home health, and hospice providers can request to be added to weekly distributions by emailing [TDX@hhs.gov](mailto:TDX@hhs.gov) and providing their shipping information. Any requests to increase, decrease, pause, or re-initiate shipping should also be sent to [TDX@hhs.gov](mailto:TDX@hhs.gov). HHS states that requests are usually processed within a couple of weeks of being received. HUD multifamily affordable senior housing providers can order free test kits through [this portal](#). LeadingAge understands how vital this program is for our members. We are grateful that the Administration continues this program and we [continue to advocate](#) for access to tests, vaccines, and therapeutics for aging services across the continuum.

**LeadingAge Releases “The Immigration Imperative” paper.** Aging service providers are seeking new and innovative approaches to strengthen and build America’s long-term care workforce—including reforms to our outdated and inefficient approach to legal immigration. This issue is one of the most critical for LeadingAge members and we are thrilled to announce the release of our latest white paper, [The Immigration Imperative](#). This paper offers a timely and relevant overview of current issues followed by practical recommendations on policy changes that will help to increase the pipeline of foreign-born long-term care workers in the U.S.—and create a foundation for them to thrive in our member communities. Our press released on this important LeadingAge product and priority can be found [here](#).

**LeadingAge Partners with HHS on Risk Less. Do More. Campaign.** As cold and flu season approaches, LeadingAge is [partnering with the Department of Health and Human Services](#) (HHS) on a national initiative to reduce severe illness from common respiratory viruses in at-risk populations—including older adults age 65+ and those who care for them. Staying up to date with shots lowers the risk of getting sick with a respiratory infection, and we encourage members to check out the [Risk Less. Do More. campaign information](#) and use the [member toolkit](#) to help spread the word—and not the viruses! [Learn more and access the toolkit](#).

**CMS Released List of 743 Hospitals Required to Participate in TEAM.** The Centers for Medicare and Medicaid Services released the list of hospitals which will be required to participate in the Transforming Episode Accountability Model (TEAM) bundled payment model starting January 1, 2026. This program, which was finalized August 1, 2024, is a 5 year mandatory model to incentivize coordination among surgical care providers as well as the services provided in the 30 days following surgery. The model would start in

January 2026 and end in December 2030. TEAM would initially focus on lower extremity joint replacement, surgical hip and femur fracture treatment, spinal fusion, coronary artery bypass graft, and major bowel procedure. The list published by CMS in September includes 743 hospitals across 187 Core Based Statistical Areas (CBSAs). Skilled nursing facility care, home health services, as well as hospice are included as part of the bundle. LeadingAge expects TEAM to impact care delivery patterns and expectations of post-acute care providers. More information on the model can be found [here](#) and the full list of hospitals required to participate is available in the downloads section of the page. LeadingAge is finalizing a TEAM 101 quickcast to learn more that should be available in the coming weeks"?

**LeadingAge Submits Comments on Proposed Physician Fee Schedule for CY2025.** On September 9, LeadingAge submitted comments to the Centers for Medicare and Medicaid Services (CMS) on the proposed CY2025 Physician Fee Schedule. Our letter supported CMS proposals relating to caregiver training services, including proposals to establish new coding for direct caregiver training services and individual behavior management caregiving training services, and proposals to include these new codes, along with certain other caregiver training codes, on the Medicare Telehealth List on a provisional basis. These policies reflect the critical role that informal caregivers play as part of the interdisciplinary teams that support older adults. We also offered suggestions for additional flexibility in the delivery of Community Health Integration (person-centered planning, health system coordination, and facilitating access to community-based resources to address unmet social needs) and Principal Illness Navigation services (designed to help people with Medicare who are diagnosed with a serious, high-risk disease identify and connect with appropriate clinical and support resources), which CMS first established in 2024, to provide additional opportunities for aging services providers. CMS also included proposals relating to the Medicare Shared Savings Program (MSSP). LeadingAge supported a proposal to expand access to pre-paid shared savings to existing Accountable Care Organizations and recommended a change relating to how such dollars could be used. We also offered comments relating to the MSSP for CMS' future consideration, with suggestions for how the model could evolve to further engage and create opportunities for aging services within this accountable care model. Read [our comment letter here](#).

**Congress Begins Consideration of Spending Stopgap.** Congress is back in session as of September 9, with completing a continuing resolution by midnight September 30, the last day of fiscal year 2024 (FY24). On September 6, Representative Clay Higgins (R-LA) and House Committee on Appropriations Chair Tom Cole (R-OK) introduced [H.R. 9494](#), a CR that would fund annually appropriated federal government programs at FY24 levels through the first six months of fiscal year 2025, until March 28, 2025. At a September 9 House Committee on Rules meeting on the rules under which the House will consider the measure as soon as September 11, Democrats voiced opposition to a six-month CR as well as H.R. 9494's provision that would require proof of citizenship in order to register to vote in federal elections. Congress has yet to enact any of the 12 FY25 appropriations funding bill despite the looming October 1 start to FY25. While mandatory spending programs like Medicare and Medicaid are not impacted by CRs because these are not annually appropriated programs, HUD funding is annually appropriated and thus directly impacted by a CR. LeadingAge's assessment is that keeping HUD programs funded at only FY24 levels for half of FY25 is a potentially dangerous proposal, one that could leave HUD with insufficient funds to renew rental assistance contracts with affordable senior housing providers at a full level and / or for full 12 month terms.

**OSHA Publishes Additional Work-Related Injury and Illness Data.** On September 4, the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) launched a [Severe Injury Report dashboard](#) that allows users to search its severe injury report database and view trends related to workplace injuries occurring in states covered by federal OSHA. The dashboard is searchable by year, industry, state, and establishment name, and includes data on severe injuries reported by employers covered under federal

OSHA from January 1, 2015, to December 31, 2023. This follows OSHA's release in April 2024 of [injury and illness data](#) submitted by establishments from their OSHA Form 300A, as well as selected data from the more detailed Form 300 Log of Work-Related Injuries and Illnesses and Form 301 Injury and Illness Incident Report. We encourage LeadingAge members to review these public data, to become familiar with what information is available about your organizations and, if needed, to review it for accuracy.

**CHCS Releases Brief Outlining CA Medicaid Struggles to Compensate Providers for Travel:** The Center for Health Care Strategies (CHCS) assessed reimbursement for some Medi-Cal services and found programmatic limitations hindering growth in service utilization. Medi-Cal is California's Medicaid program providing healthcare. Because Medi-Cal doesn't cover long-term services and supports (LTSS), the brief didn't directly assess provider reimbursements in the LTSS arena. The brief alludes to correlation of provider rates with the ability and willingness of providers to participate in the reviewed service categories for Medicaid. Authors suggest ways in which California can amend service definitions and limitations to better optimize time and money spent traveling to distant participants or ways the state and managed care companies could implement financial incentives for more rural providers with higher transportation cost burden. This brief could help inform your local advocacy for rate increases or payment for transportation as a portion of the rate as a community-based provider. Read the full publication [here](#).

**August Jobs Report Released.** On Friday, September 6, the Department of Labor (DOL) released its August jobs report revealing the United States added 142,000 jobs and unemployment decreased slightly from 4.3% from 4.2%. The report also included downward revisions to prior jobs reports: June numbers were adjusted to 61,000 from the previously reported 118,000 and July was adjusted to 89,000, 25,000 lower than initially reported. The majority of job gains were concentrated in two sectors: construction, which added 34,000 positions, and health care, which saw a similar increase in payrolls. Average hourly earnings, which indicate wage growth, increased by 0.4% last month. Over the past year, they have risen by 3.8%.

**Last Week's Recap Update.** Here is the September 6, 2024 [Hospice Weekly Update](#).