



## Medicaid HCBS and PACE Weekly Recap

October 4, 2024

**Next PACE Network Call:** October 17 @ 1 p.m. ET; Register [here](#)

**Next Adult Day Network Call:** October 24 @ 2 p.m. ET; Register [here](#)

**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 3:30 p.m. 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.

**Info Collection on Challenges with Veterans Affairs.** We need your help. We have heard in multiple forums and networks that contracting, payment, and service authorization processes within the Department of Veterans Affairs (VA) programs are difficult, specifically for adult day services providers. Recently we have heard of service plan reductions because of policy changes along with years long struggles to become a contracted provider with the VA’s third-party administrators.

The VA is interested in better understanding these issues and has requested more information on: individual problems, which VA Medical Center, which provider, and others in an effort to improve access to adult day services for veterans. We are collecting this information to share with the VA and need to hear it from you. If you do NOT wish to have your information shared with the VA to facilitate a contract, please consider sending Georgia ([ggoodman@leadingage.org](mailto:ggoodman@leadingage.org)) an email with your info, or omitting your email address from the completed form. The information is valuable even without us forwarding your info to the VA as we are working a congressional angle as well.

A brief- we believe 5-10 minute – questionnaire will help us better illustrate the problems to the VA. Please take the survey here:

[https://docs.google.com/forms/d/e/1FAIpQLSfQyB70U8GTOZ2ZgkCSN2If8O4zFg6TQDprbeyY1YdeBWPd3Q/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSfQyB70U8GTOZ2ZgkCSN2If8O4zFg6TQDprbeyY1YdeBWPd3Q/viewform?usp=sf_link)

**ACTION ALERT: Tell Congress to Extend Telehealth Flexibilities!** Telehealth flexibilities established during the COVID pandemic have become important tools for patients and providers serving older adults across the long-term care continuum. These flexibilities will expire on December 31, 2024, unless Congress acts to extend them. Write to your members of Congress today and urge swift action to extend these important telehealth flexibilities before they expire. Click here:

<https://www.votervoice.net/LeadingAge/campaigns/118234/respond>.

**OIG Finds Oversight of Remote Patient Monitoring Needed.** On September 24, the HHS Office of Inspector General [published](#) a report on the use of remote patient monitoring (RPM) in the Medicare population. The OIG found that additional oversight is needed to ensure RPM is being used and billed appropriately. During the pandemic RPM increased dramatically. About 43% of enrollees who received RPM did not receive all three components, (enrollee education and device setup, device supply of information, and treatment management) raising questions about whether the monitoring is being used as intended. Concerns about

fraud in RPM have been raised by both CMS and OIG previously. Medicare lacks key information for oversight, including who ordered the monitoring for the enrollee and who is monitoring the device under the ordering clinician's identifier, the OIG says. In one instance, a single provider billed 23,569 hours of treatment management for RPM in 2022, far more hours than the 8,760 hours in a year. While many post-acute providers including home health and hospice cannot bill for RPM, many individuals in independent living and assisted living have these devices ordered by clinicians. The OIG made the following recommendations to CMS, who concurred and will take into consideration:

- Implement additional safeguards to ensure that remote patient monitoring is used and billed appropriately in Medicare.
- Require that remote patient monitoring be ordered and that information about the ordering provider be included on claims and encounter data for remote patient monitoring.
- Develop methods to identify what health data are being monitored.
- Conduct provider education about billing of remote patient monitoring.
- Identify and monitor companies that bill for remote patient monitoring.

This item is archived on our [website](#).

**Financial Insecurity Among Older Adults.** A report, *The 80%: The True Scope of Financial Insecurity in Retirement*, released September 26 by the National Council on Aging (NCOA) and the [LeadingAge LTSS Center @UMass Boston](#), shows that a little over 27 million households with adults age 60+ cannot afford basic living needs. The analysis finds that 80% of Americans 60 and older continue to have very few resources to pay for long-term care or weather financial emergencies. While older adults' incomes and the net value of their homes increased slightly from 2018-2020, the value of their financial assets and total wealth decreased, with 60% experiencing a decrease in assets. Researchers say 60% of older adults would be unable to afford two years of in-home long-term services and supports. "These findings certainly show that despite gains in income, many millions of older adults continue to live on the edge," said Dr. Marc Cohen, co-author of the report and Co-Director of the LeadingAge LTSS Center @UMass Boston. "This reality highlights just how important it is to make sure that our social safety net programs are preserved and strengthened." "This is a snowballing crisis," said Ramsey Alwin, NCOA President and CEO. "At the same time that 11,000 people are turning 65 every day for the next several years, a growing number of older adults are facing financial stress now and will not be able to afford the care they will need in the future." Read the report [here](#).

**ASPE Touts Medicaid Benefits on Health, Income, and Education.** In a September 2024, issue brief published by the Department of Health and Human Services (HHS) Assistant Secretary for Planning and Evaluation's (ASPE) Office of Health Policy, authors Rose C. Chu, Christie Peters, and Thomas Buchemuller lay out a high-level history of Medicaid. The brief looks at the entire Medicaid program serving about 76 million people as of Spring 2024. The authors provide statistics on how states have transitioned eligibility thresholds overtime, delineates recent investments in particular populations through federal matching enhancements, and nods to recent rulemaking that will streamline eligibility and enrollment and enhance program transparency across Medicaid all eligible and applying populations. About half of children and 40% of births in America are covered by Medicaid; therefore, the brief spends significant time discussing the short and long-term benefits of access to healthcare through Medicaid in these populations. With long-term care programs varying broadly through waiver and demonstration programs, less federal standardization and data are available to draw conclusions. This item will be archived on the LeadingAge [website](#) and you can read the full brief can be reviewed [here](#).

**CMS Makes Available Advance Payment, Flexibilities for Providers Impacted by Hurricane Helene.** The Centers for Medicare and Medicaid Services (CMS) announced on October 2 that they will make available

[Accelerated and Advance Payments and other flexibilities for providers and suppliers in states impacted by Hurricane Helene](#). Payments and flexibilities are available to providers and suppliers within the Federal Emergency Management Agency (FEMA) disaster zones under President Biden’s major disaster declarations. LeadingAge members impacted by these flexibilities include nursing homes, intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), hospice, and home health providers. Beginning October 2, Accelerated and Advance Payments may be granted in amounts equal to a percentage of the preceding 90 days of claims payments. Payments will be repaid through an automatic recoupment from Medicare claims for the 90 days following the issuance of the accelerated or advance payment. Providers and supplies with remaining balances after 90 days will be issued a demand for the remaining balance on Day 91 after issuance of the accelerated or advance payment. Separately, providers and suppliers currently repaying debt under an Extended Repayment Schedule may be eligible for adjustments to the schedule. Learn more about this CMS initiative [here](#). CMS is granting additional flexibilities for providers and suppliers impacted by Hurricane Helene under Sections 1135 and 1812(f) of the Social Security Act. Examples of flexibilities under the 1135 authority include waivers of requirements related to assessments for nursing homes, hospices, and home health providers; waivers related to physical environment requirements for nursing homes and ICF/IIDs; and certain staffing flexibilities for ICF/IIDs. Flexibilities under 1812(f) include waivers of 3-day stay requirements and benefit periods for skilled nursing facility stays. Access more comprehensive information on current 1135 and 1812(f) waivers for all providers and suppliers by state [here](#). This item is archived on our [website](#).

**New Vaccination Resource from CDC.** The Centers for Disease Control & Prevention (CDC) has released a new [one-page resource](#) to assist individuals in locating vaccines this respiratory virus season. LeadingAge members will find this resource particularly useful for assisting uninsured and underinsured individuals, including healthcare workers, learn where to access respiratory virus vaccines in their communities. While the previously-successful Bridge Access Program ended in August 2024, CDC has secured funding for public health jurisdictions to provide vaccines to these populations. Check out the LeadingAge serial post for the latest updates on Respiratory Viruses.

**National Dementia Workforce Study Year 1 Surveys Underway.** The [National Dementia Workforce Study](#), sponsored by the NIH National Institute on Aging, is conducting the first large, annual surveys of the dementia care workforce in the United States. Survey data and other linked data sources will create an unprecedented resource for researchers to understand the challenges you face and learn how to better support you and the patients you care for. The basic aim is that the surveys and associated research are used to improve dementia care. Year 1 surveys are currently in the field. Four surveys will be conducted annually: Community Clinician, Nursing Home Staff, Assisted Living Staff, and Home Care Staff (including home health). The staff surveys each also have an administrator survey to learn more about how each organization operates. If you or your organization are contacted about taking a survey, we encourage you to participate. With less than 30 minutes of your time, your voice can make a big impact on how we understand the dementia care workforce. Learn more at [www.ndws.org](http://www.ndws.org). If you were invited to participate and have questions, visit [www.ndws.org/participant-center](http://www.ndws.org/participant-center). Researchers appreciate providers’ support of this new study, led by teams at the University of Michigan and the University of California, San Francisco, with several other university-based and non-profit partners. The Alzheimer’s Association is also collaborating.

**Last Week’s Recaps.** Here is the September 27, 2024 Recap-[Medicaid HCBS and PACE](#)