



LPC Weekly Recap

Friday, October 18, 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 3:30 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.

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

Next LPC Member Network Call: October 31 @ 2 p.m. ET; Register [here](#).

LeadingAge Disaster Relief Fund: [Donate Today](#). Destruction from Hurricane Helene has [left many LeadingAge members struggling](#). Older adults in these communities and the aging professionals working to provide them care need our help. Please consider a donation to the LeadingAge Disaster Relief Fund to help offset the unavoidable costs fellow LeadingAge members face as they attempt to return to normal. All donations are tax-deductible, and 100% of all donations will go directly to member organizations and their staff to cover a range of needs specific to their emergency. Prefer to donate by check or ACH? Please email Amanda Marr at AMarr@leadingage.org.

Are you a Leader within a Single Site Life Plan Community/CCRC and attending Annual Meeting? Please Join Us! Come join us on Sunday, October 27, 9 - 10:30 a.m. We will discuss pertinent LPC topics unique to single site operators. Take the opportunity to network and share fellowship while enjoying a continental breakfast. The gathering will be co-hosted by Dee Pekruhn, Janine Finck-Boyle, and Amanda Marr of LeadingAge.

When: Sunday, October 27, 9:00 - 10:30 a.m.

Where: LeadingAge Annual Meeting in Nashville, Music City Center, Davidson Ballroom B2

Who’s Invited? Leaders from Single Site Life Plan Communities/CCRCs

We hope to see you in Nashville! Please feel free to contact Janine Finck-Boyle, JFinck-boyle@LeadingAge.org with any questions.

CARF, Ziegler, Baker Tilly: 2023 CCRC Financial Ratios Analysis Released. The annually compiled, 2023 CCRC Financial Ratios and Trend Analysis was just released, a collaborative effort between CARF, Ziegler and Baker Tilly that reviews CARF-accredited CCRCs’ financial performance for the prior fiscal year. Overall, a Ziegler [article](#) releasing the report summarized two key points: that SSO CCRCs’ operational and financial performance had stabilized over the course of 2023, and MSO CCRCs saw a “bonafide improvements” over the same period. The full report can be downloaded from CARF [here](#). LeadingAge is in the process of reviewing and summarizing the report; a summary will be forthcoming shortly.

Senate Subcommittee Releases Scathing Report on Medicare Advantage Prior Authorization Practices in Post-Acute Care. On October 17, the Senate Permanent Subcommittee on Investigations chaired by Senator Richard Blumenthal (D-CT) released a report, [Refusal of Recovery: How Medicare Advantage Insurers Have Denied Patients Access to Post-Acute Care](#). The report underscored [trends and patterns that](#)

[LeadingAge has been reporting on](#) and advocating against regarding practices that Medicare Advantage (MA) plans are utilizing in relation to post-acute care – and the report finds that the plans the Permanent Subcommittee on Investigations looked at are doing so in pursuit of cost savings. The Senate team looked at 280,000 pages of documentation related to practices undertaken between 2019 - 2022 by United Healthcare (UHC), CVS/Aetna, and Humana. These three plans make up 60% of the MA market. A telling quote from the report is: “The data obtained so far is troubling regardless of whether the decisions reflected in the data were the result of predictive technology or human discretion. It suggests Medicare Advantage insurers are intentionally targeting a costly but critical area of medicine – substituting judgment about medical necessity with a calculation about financial gain.” In addition to plans’ use of predictive technology, the report examined trends in prior authorization both in terms of initial denials but also in terms of volume of prior authorizations requested. LeadingAge will provide a more detailed analysis of the report in the coming days, but some key findings include:

- In 2022, UHC and CVS/Aetna denied prior authorization requests for post-acute care at rates 3x higher than their overall rates of denial; Humana denied post-acute care service requests at a rate 16x higher than its overall rate of denial.
- UHC’s denial rate for skilled nursing facility care increased by a factor of nine between 2019 and 2022, from an initial denial rate of 1.4% in 2019 to an initial denial rate of 12.6% in 2022.
- A number of findings around UHC’s AI driven algorithm embedded within the product naviHealth, which is also used by Humana. These findings included the use of naviHealth to determine length of stay regardless of the person’s actual clinical need, the use of naviHealth’s portal function to avoid speaking to providers about authorization decisions – in fact instructing naviHealth employees NOT to speak to providers about certain items and using naviHealth to restrict home health visits and duration of care even if initial approvals for home health were higher than for skilled nursing or other post-acute care.
- CVS/Aetna was found to have a higher initial rate of denial in the study period so that remained steady, but the volume of prior authorizations detected increased by 57.5% over the study period.

LeadingAge’s press statement on the report can be found [here](#). We look forward to continuing our advocacy on these issues and that effort is bolstered by this report.

LeadingAge Calls on White House to Elevate Older Adults in Extreme Heat Response. In early July, President Biden [called](#) for multiple agencies to coalesce at an Extreme Weather Summit. Following the [summit](#) in mid-September, the White House announced an extreme heat call to action. The call to action was coupled with a [draft Extreme Heat Community Checklist](#) to help municipalities, towns, and tribal organizations prepare for and respond to extreme heat events. LeadingAge submitted comments urging the administration to take better account of the needs of older adults and their vulnerabilities to heat. We urged partnerships between communities and the providers serving older adults and more thoughtful inclusion of older adults and their unique needs and abilities. Our comments suggested broader communications techniques than internet and social media content while prioritizing support that meets older adults where they live. Though the checklist fell short of thought provoking questions that could sway a local government to consider significant investment in making communities more resilient to extreme heat like grants for energy assistance or building retrofit projects, the draft provides communities a starting point for engaging with the public about the risks of extreme heat. You can read our comments [here](#).

New Research Shows Wage Gap for Direct Care Workers. On October 16, PHI released [Competitive Disadvantage: Direct Care Wages Are Lagging Behind—2024 Update](#), an analysis of wage disparities between direct care workers and comparable occupations throughout the United States. The analysis also

highlights trends in the wage gap between direct care workers and comparable occupations (e.g., housekeepers, janitors, customer service representatives, retail salespersons, and food preparation workers) from 2014 to 2023. The report found that in all 50 states and the District of Columbia, direct care workers earned a lower median wage than comparable occupations in other industries. As of 2023, the latest available data, the hourly wage gap varied from -\$0.46 in Rhode Island to -\$5.56 in Texas. In 39 states, the gap was at least -\$2.00 per hour, with 19 of those states reporting a difference of over -\$3.00 per hour. Over the past decade, direct care worker median wages remained lower than median wages for similar occupations despite narrowing in 32 states. Despite some advances, the wage gap has widened 17 states. “An array of strategies is needed to improve job quality, strengthen and stabilize the direct care workforce, and ensure access to services for all those who need them,” the report says, reflecting LeadingAge’s support for an array of solutions to address the needs of the aging services workforce.

Update on IV Solution Supply Shortages. Health & Human Services (HHS) Secretary Xavier Becerra issued a [letter to healthcare providers](#) on October 9 and a [press statement](#) on October 11 outlining the Department’s understanding of and actions to address intravenous (IV) solution supply shortages related to Hurricane Helene. Secretary Becerra stated that HHS has moved and protected product from the impacted manufacturing facility in North Carolina, worked with the Food & Drug Administration (FDA) and other agencies to increase supply, and is working to restore operations at the impacted North Carolina facility. The Administration for Strategic Preparedness and Response (ASPR) released an [updated tip sheet](#) on October 9 for managing IV fluid supplies during shortage.

2025 Call for Sessions at Annual Meeting Now Open: Do you want to present at the 2025 LeadingAge Annual Meeting in Boston? Aging services providers and business members have the opportunity to share their original, thought-provoking approaches, ideas, models, best practices, and more with the LeadingAge community. [Mark your calendars for the December 9 deadline](#) and submit your proposal for consideration. [View guidelines and submission information here](#). The 2025 LeadingAge Annual Meeting will be held in conjunction with the [Global Ageing Network’s](#) biennial conference.

CMS Reminds Nursing Homes of Residents’ Right to Vote. In a memo released September 26, the Centers for Medicare & Medicaid Services (CMS) reminded nursing homes of requirements to ensure residents are able to exercise their right to vote. This right, falling under Section 483.10 Resident Rights of the Requirements of Participation, requires nursing homes to support residents in exercising their rights are citizens and residents of the United States. This includes voting, registering to vote, and having access to people and resources. Read the memo [here](#) and check out [these resources curated by LeadingAge](#) to help you support residents’ right to vote.