



Medicaid HCBS and PACE Weekly Recap

November 15, 2024

Next PACE Network Call: November 21 @ 1 p.m. ET; Register [here](#)

Next Adult Day Network Call: December 12 @ 1 p.m. ET; Register [here](#)

National Policy Pulse Calls: Mondays at 3:30 p.m. ET. LeadingAge’s members-only policy briefing and analysis call, “National Policy Pulse,” happens every Monday at 3:30 p.m. ET. **A special 2024 Election Edition of the National Policy Pulse call will be held on November 18.** 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.

LeadingAge Joins Coalition Letter to Expand Veterans' Options for Long-term Care. As the country turned its attention this week to honoring our nation’s veterans, LeadingAge [joined five associations on November 13 in sending a letter](#) to Congressional leaders requesting that the House take up and pass H.R. 8371, *The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*. Included in this bill are the key provisions of the *Expanding Veterans’ Options for Long Term Care Act*, which would authorize the Veterans Administration to offer assisted living settings for aging and disabled veterans who would otherwise require more costly nursing home care. LeadingAge has been working alongside our coalition partners to advance policies that provide additional care and supports for veterans. This pilot program will give veterans additional options for how and where they can get the long-term care, as well as inform future policy decisions to meet the growing care needs of our nation’s aging veterans.

CMS and FTA Release Transportation Coordination Fact Sheet. In a joint release on November 12, the Centers for Medicare and Medicaid Services (CMS) and the Federal Transit Administration (FTA) released a fact sheet for states to support efforts to coordinate non-emergency medical transportation (NEMT) for Medicaid enrollees. The fact sheet further distills the [Medicaid Transportation Guide](#) released in September of 2023 and provides best practices to bring transportation providers and authorities together with state Medicaid programs to ensure beneficiaries have access to transportation to doctor and wellness services. Release of the fact sheet, while targeted at states, could provide benefit for providers of services to older adults enrolled in Medicaid, particularly those receiving home and community-based services, or those residing in affordable housing. Here is a link to the [Medicaid Transportation Coverage and Coordination Fact Sheet](#).

Kennedy Tapped for HHS Secretary. On November 14, President-elect Donald Trump said he has selected Robert F. Kennedy Jr. to be Secretary of the Department of Health and Human Services. “For too long, Americans have been crushed by the industrial food complex and drug companies who have engaged in deception, misinformation, and disinformation when it comes to Public Health,” President-elect Trump posted on X. “The Safety and Health of all Americans is the most important role of any Administration, and HHS will play a big role in helping ensure that everybody will be protected from harmful chemicals, pollutants, pesticides, pharmaceutical products, and food additives that have contributed to the

overwhelming Health Crisis in this Country.” Hear about the election’s impact on aging services on our November 18 National Policy Pulse call. Register for the call [here](#).

LeadingAge LTSS Center Releases Report on Rural Aging Action Network. The Rural Aging Action Network (RAAN) is a national learning collaborative developed and led by Lutheran Services in America (LSA). Launched in 2022, the RAAN is designed to expand community-based services and supports in rural communities and ensure independence and choice for the older adults who live there. The LeadingAge LTSS Center @UMass Boston partnered with Lutheran Services in America to lead a two-year evaluation of the RAAN. Researchers assessed the RAAN’s effectiveness, impact, and value as it mobilized whole communities to address gaps in the care of older adults. A new report released in November 2024 provides lessons learned during the RAAN’s development and implementation in rural communities across Minnesota, Montana, North Dakota, and South Dakota. The report is designed especially for organizations serving rural older adults or seeking to expand their reach into rural communities. The [report](#) provides an overview of the RAAN model, outlines seven steps involved in establishing a RAAN, and explores how the RAAN empowers older adults and advances equity and engagement among diverse populations.

Join the LTSS Center to Discuss the Rural Aging Action Network on November 21. On National Rural Health Day, researchers from the LeadingAge LTSS Center @UMass Boston and program developers from Lutheran Services in America will present an interactive webinar about the Rural Aging Action Network. The free session, which begins at 2 p.m. ET on November 21, will help you better understand the lessons and best practices that emerged as the LSA RAAN Collaborative worked to cultivate caring communities that address the unique needs of rural older adults. [Register today.](#)

CMS to Host Listening Sessions on Improving Health in Rural Communities. On November 20, 12 – 1 p.m. ET, the Center for Medicare and Medicaid Innovation (CMMI) will host a Person-Centered Listening Session on Improving Care Experience, Outcomes, & Equity in Rural Communities. This listening session will focus on access and delivery in rural health care, and key takeaways from CMS Innovation Center Rural Health Hackathons and a listener Q&A. Insights from this session will help inform the Innovation Center’s strategy on addressing common rural health issues. [Interested individuals can register here.](#)

OIG Publishes Assessment on National Background Check Program for LTC. A [November 7 report](#) and [fact sheet](#) from the HHS Office of Inspector General (OIG) evaluated the effectiveness of the National Background Check Program, created under the Affordable Care Act, to enhance safety in long-term care settings. Between 2010 and 2024, 29 states participated in the program, utilizing over \$100 million in federal and state funding to establish more robust systems for screening potential employees and disqualifying those with concerning criminal records, the report says. The National Background Check Program supported 27 states in establishing programs to develop efficient and cost-effective background check procedures for prospective long-term care employees. Two states, Maryland and Wisconsin, withdrew from the program early. Through the program, states successfully built systems to disqualify individuals with concerning criminal convictions from working in long-term care settings. The report highlights that automated background check systems and ongoing post-check monitoring were the most effective measures, significantly contributing to resident safety in long-term care. The States rarely reported any unintended consequences such as workforce reductions as a result of conducting background checks. The most common challenges states faced during the program were insufficient legislative authority at the state level and difficulties in coordinating efforts among various state departments. The OIG provided recommendations throughout the program that contributed to the positive outcomes in this final assessment. At this time, the OIG has no further recommendations for CMS. After the 2024 ending of the program, states continue to advance the initiatives established in the program by participating in the National Background Check

Program Forum. With an increased focus on preventing abuse and neglect in nursing homes, CMS has updated survey guidance within the requirements of participation. The National Background Check Program enabled states to create systems for conducting background checks on prospective employees, helping to screen out individuals who might pose a risk of abuse or neglect. LeadingAge has continuously advocated for programs that prevent abuse, neglect and misappropriation of resident funds.

ASPE Report on Bereavement and Grief Services in the United States. The Assistant Secretary for Planning and Evaluation (ASPE) published a report on November 4, 2024, presenting findings of an environmental scan and semi-structured interviews around bereavement and grief services in the United States. This report was funded as part of the Consolidated Appropriations Act of 2023, in which LeadingAge [advocated](#) for funding on an evidence review and technical expert panel to establish consensus based standards for grief and bereavement care. On June 28, LeadingAge submitted [comments](#) to the Agency for Healthcare Research and Quality (AHRQ) on a systematic literature review for a research project on [Interventions to Improve Care of Bereaved Persons](#). Our comments highlighted the need for cross-continuum grief and bereavement assessments, interventions, and resources, including in settings outside of traditional hospice care, like affordable senior housing. We also stressed the need to equip aging services providers in assisting older adults navigating a variety of grief and loss, including loss of identity and “disenfranchisement loss” resulting from the aging process. The final report released by ASPE reviews the following key points from the literature review and key contributor interviews:

- The literature suggests that an estimated one in ten bereaved adults will develop prolonged grief disorder (PGD) or complicated grief (CG) after a loved one dies. However, key contributors interviewed for this study indicated that diagnosis is challenging because of potentially overlapping mental health conditions which suggest that the rates of PGD and CG may be underestimated.
- PGD is often comorbid with post-traumatic stress disorder (PTSD), depression, substance use disorder (SUD), and anxiety, making treatment and recovery challenging. Despite this challenge, key contributors conveyed the importance of access to bereavement services to help prevent longer-term conditions associated with PGD.
- Populations highly impacted by PGD include children, caregivers, veterans, and those bereaved in traumatic ways. Key contributors interviewed clearly conveyed that grief is highly individual, and although many experience bereavement lasting over one year, many individuals recover within one year of a death event; furthermore, grief reactions may present differently in children than adults.
- There are many types of bereavement support services targeting PGD, ranging from phone calls and traditional psychotherapy to services such as music therapy. According to key contributors, incorporating trauma-informed care is essential for treating bereaved individuals. Populations with high need can be identified through schools, data, and mental health settings.
- Hospice can play a crucial role in promoting healthy bereavement by offering support before, during, and after a loved one passes to facilitate coping mechanisms to navigate loss. While key contributors support hospice, some expressed concern about inequity in accessing services and transitioning to for-profit models within the hospice industry.
- Research indicates that disparities in bereavement service utilization exist due to individual characteristics and social determinants of health (SDOH). Key contributors expressed that SDOH, including systemic racial discrimination, requires examination of grief experiences in communities of color. Additionally, bereavement and grief services are disjointed and can exacerbate inequities based on race, socioeconomic status, and geography.
- More than 50 percent of key contributors reported that the COVID-19 pandemic reduced stigma and encouraged discussions about loss and grief; and concurrently increased the need for services, especially in under-resourced communities and communities of color.

- There is debate among key contributors regarding the medicalization of bereavement and grief; most key contributors reported a need for a more comprehensive approach to managing grief beyond medicalization.

CMMI Releases Report on Re-imagining Rural Health. On November 12, the Center for Medicare and Medicaid Innovation (CMMI) published [*Re-imagining Rural Health: Themes, Concepts, and Next Steps from the CMS Innovation Center “Hackathon” Series*](#). The report describes lessons learned from previous Innovation Center models focused on rural health and their application to recent model development, as well as potential areas the Innovation Center might explore to support rural communities. It also highlights themes and insights from the CMS Innovation Center-hosted [2024 Rural Health Hackathon](#). The Hackathon series convened rural health providers, community organizations, industry and tech entrepreneurs, philanthropies, policy experts, and patients to generate creative and actionable solutions to address the varied challenges to delivering quality health care in rural communities. The top thematic areas highlighted a need for training, regulatory changes, and collaboration to help improve access to care and support transformation. The paper also outlines possible considerations for future Accountable Care Organization-focused and other models. Training needs included a nod to loan repayment programs expanding to non-physicians including skilled nursing facility workers something that LeadingAge has supported with regard to [expanding Pell Grant access](#).

Last Week’s Recap: [Medicaid HCBS and PACE recap from Nov. 8, 2024.](#)