



## Home Health and Hospice Weekly: Recap of LeadingAge Updates

March 18, 2022

### **Coronavirus Update Call on Wednesday – 3:30PMT. An epidemiologist’s view on the next phase of the pandemic - what should aging services providers be watching and doing?**

Next Wednesday, March 23, we will welcome back “your local epidemiologist” Dr. Katelyn Jetelina to talk about the risks that still exists around COVID-19 even as we open up and begin the endemic stage of the pandemic. She will help us decipher the current trends surrounding transmission and risk and describe how LeadingAge members can communicate with residents and staff about the ongoing risks of COVID-19 and how we can keep each other safe. If you haven’t registered for LeadingAge Update Calls, [you can do so here](#). You can also find previous call recordings [here](#).

**Senate “Economic Package” Hearings Scheduled.** The Senate Special Committee on Aging will hold a hearing on Wednesday, March 23, to address, “An Economy That Cares: The Importance of Home-Based Services.” This will be a hybrid hearing that will be livestreamed on the Committee’s website at [www.aging.senate.gov](http://www.aging.senate.gov). The Aging Committee hearing is part of the renewed momentum for Congress to pass an economic package in late-April that helps families and workers manage high cost, and helps people cope with increased prices. Several proposals that were included in the *Build Back Better Act* could be revisited, and added to an economic package. Related “economic package” hearings are occurring in the Senate. Yesterday, the Senate Finance Committee held a hearing on the need to lower prescription drug prices in Medicare. And, next week, the Senate HELP Committee will hold full committee hearings that address cutting the cost of child care for working and low-income families, and strengthening federal mental health and substance use disorder programs.

**Two in Five Medicare Beneficiaries Used Telehealth During Pandemic.** A new [report](#) from OIG found that in the first year of the pandemic (March 2020-February 2021) Medicare beneficiaries’ use of telehealth increased dramatically with over 28 million—more than 2 in 5—Medicare beneficiaries using telehealth services. Total telehealth use was 88 times more during the first year of the pandemic than beneficiaries used in the prior year. In April 2020, telehealth accounted for 29 percent of all services. Telehealth has decreased to around 10 percent of services per month—still almost twice the level it was in March 2020. Nursing home visits were the fourth most common telehealth service, connecting

residents with providers to discuss medical conditions and nursing home discharge management. These visits were slightly more common among beneficiaries in fee-for-service than in Medicare Advantage.

**Register for The White House’s New Covid-19 National Preparedness Plan** - Wednesday, March 23 at 1:00 PM ET. As the country enters a new phase of the national COVID-19 response, learn about the [White House's new National COVID-19 Preparedness Plan](#). The plan lays out the Administration's roadmap to fight COVID-19, including by preparing for new variants, preventing economic and educational shutdowns, continuing to vaccinate, and protecting against and treating COVID-19. According to the Administration's announcement, the March 23 webinar will cover the following topics:

- The launch of a new nationwide Test-to-Treat Initiative at “one-stop” locations with free tests and free treatment pills.
- Leveraging the administration's COVID-19 Surge Response Playbook.
- Updated guidance for employers to ensure safer workplaces.
- Saving lives by solving the oxygen crisis and making emergency supplies widely available.
- And more.

**New Provider Resources.** LeadingAge members serve older people across the continuum of care, and we’ve cultivated resources, insights, and updates for all provider types. From updates on the latest funding and regulations to sharing best practices to analyzing policy, insights for specific provider types are collected on newly updated provider landing pages at [leadingage.org](#):

- [Adult Day, PACE, and HCBS](#)
- [Affordable Housing](#)
- [Assisted Living](#)
- [Home Health](#)
- [Hospice](#)
- [Life Plan Communities](#)
- [Nursing Homes](#)

**Vaccine Tools & Resources.** LeadingAge experts continue to provide helpful information, answers to LeadingAge member questions, and the latest insights about vaccines and mandates. Check out our [Vaccine Tools & Resources page](#) for the latest—including our new “Care Fully” creative campaign designed to reach Black and Hispanic direct care workers, which leverages the strategic groundwork laid by the Ad Council/COVID Collaborative’s “It’s Up to You” campaign:

- [LeadingAge Hispanic Care Professionals Toolkit](#)
- [LeadingAge Black Care Professionals Toolkit](#)

**CMS Home Health PPS Web Pricer.** CMS has [released](#) its home health prospective payment system web pricer tool for calendar years 2020–2022. CMS has been working over the last year to convert all the downloadable Personal Computer Pricers to web-based applications meaning providers will not need to download software updates as it will always be available and updated automatically online. For the best experience, access the Web Pricer through Google Chrome. You may also use Microsoft Edge or Mozilla Firefox but not Microsoft Internet Explorer.

**Help for older adults with medical expense debt.** The Consumer Financial Protection Bureau released a data spotlight – [Medical Debt Among Older Adults Before the Pandemic](#). More than 4 million older adults, nearly one in ten, have a past due medical bill. The data spotlight provides information about

these individuals. Medical debt is more common among older people of color, those with incomes near the poverty line, those uninsured or underinsured, the unmarried, and those who do not own a home. The document provides links for consumers to find help.

**CDC's Project Firstline New Resources:** CDC's Project Firstline launched a new toolkit entitled Risk Recognition and Infection Control in Healthcare. As with other Project Firstline resources, the new toolkit is aimed at increasing infection control knowledge and understanding among front line staff. The toolkit includes resources for 6 learning sessions: videos, slide decks, participation booklets, and a facilitator guide. There are also session feedback forms, self-assessments, posters, infographics, 2 interactive activities, and social media templates that can be used to promote the training among staff. Resources are aimed at all frontline staff, not just those providing clinical care, and can be used with different training formats including annual in-servicing, stand-up meetings, and on-the-spot training. Check out the toolkit and resources [here](#).

**KFF Survey Finds Medicaid Coverage Disruptions Likely When PHE Ends.** A new 50-state [survey](#) of Medicaid and CHIP officials from the Kaiser Family Foundation found that as states plan for the end of the COVID-19 public health emergency, disruptions to services and loss of coverage are likely. Earlier this month, CMS provided [guidance](#) to states on winding down including resuming eligibility redeterminations and disenrollments for those covered under continuing enrollment requirements. CMS' guidance provides states 14 months to conduct redeterminations, however the survey found that nine states plan to resume normal operations more quickly.

**New Testing Requirements for Nursing Homes Include Hospice Contractors.** CMS released new nursing home guidance on staff and resident testing that will impact hospice contractors. For an explanation for the guidance impact on hospices you can view an article [here](#).

**Home Health Agencies Need to Check iQIES Report for Errors.** CMS just identified an iQIES system issue that may affect home health agency Services Provided values which are displayed on the "HHA Provider Preview" reports for the April 2022 refresh. Agencies should have received these reports on February 23. CMS is asking each home health agency to carefully review the Services Provided values displayed on these reports. If the values are incorrect for the agency, CMS is asking that agencies contact State Automation or State OASIS Education Coordinator (OEC) and request an update of your Services Provided data in iQIES. Additional questions can be directed to the iQIES Help Desk by phone at (800) 339-9313 or by email at [iQIES@cms.hhs.gov](mailto:iQIES@cms.hhs.gov).

**White House outlines costs of inaction on new COVID funding.** The White House has reiterated its call for Congress to approve new COVID-19 relief funding. "We need Congress to provide the \$22.5 billion in emergency immediate funding," the White House said today. The funding is needed for several efforts. First, to ensure there are adequate resources for vaccines, to accelerate research and development of next-generation vaccines that provide broader and more durable protection, and to purchase enough booster shots for all Americans if an additional shot is needed (also today, Pfizer/BioNTech said it will ask FDA approval for a second booster shot for people 65 and older).

Second, for more monoclonal antibody treatments. "We had planned to purchase additional monoclonals as soon as next week. Without additional funding, we are cancelling those plans. And as we will make clear to governors later this morning, we also need to cut the number of monoclonal antibody treatments we send to states by 30 percent starting next week," the White House said today. Third, for 1.7 million doses of preventative treatments for immunocompromised Americans : We have purchased

1.7 million doses of AstraZeneca’s Evusheld — all that they could produce to date. “Without more funding, the federal government will now be forced to scale back on that purchase. So, we’ll likely run out of treatments for our most vulnerable Americans by the end of the year, if not sooner,” the White House said. Fourth, funding for the uninsured fund to reimburse medical providers for caring for uninsured individuals. “HHS will begin to scale back this program starting next week and end it completely in early April,” the White House said. Fifth, funding for global vaccination efforts. Read more about the White House’s request [here](#).

**MedPAC March report released.** The Medicare Payment Advisory Commission (MedPAC) sent its regular March [report to Congress](#). The Commission recommended increasing payment for hospitals, LTC hospitals and dialysis centers. They also recommended “negative updates” for SNF, home health, and inpatient rehabilitation providers. Congress and the Administration typically consider MedPAC recommendations but rely on their own analysis to support changes in payment systems. The Commission also recommended that HHS require physicians, home health providers, and hospices to provide more information on the telehealth services they provide, to help policymakers assess the impact of the services on access, quality, and costs.

**MACPAC March report released.** The Medicaid and CHIP Payment and Access Commission also released its [March report](#). The first chapter fulfills a Congressionally mandated study of Money Follows the Person, which has supported more than 100,000 Medicaid beneficiaries in transitioning from institutional settings to community settings. The criteria for beneficiaries to qualify for MFP are different than the criteria for HCBS waivers. MACPAC Commissioners were asked to recommend whether they be aligned; they ultimately recommended not to make them the same because they lack empirical evidence to support such a decision.

**Next Data Submission Period for the CAHPS® Home and Community-Based Services Survey: August 8–26, 2022:** Users of the Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS) Survey can submit their data to the HCBS CAHPS Database from August 8–26, 2022. Note that the submission timeline for 2022 is earlier than it was last year. All survey data collected from July 1, 2018–December 31, 2021, can be submitted to the Database. Participation will facilitate comparisons of HCBS CAHPS Survey findings by individual states and HCBS program types. Participation is free, voluntary, and open to all HCBS CAHPS Survey users. CMS is providing advanced notice to ensure states, managed care plans, and supporting entities have adequate time to prepare data use agreements and database submissions.

In preparation for uploading information to the Database, HCBS CAHPS Survey users are encouraged to download and complete the [HCBS CAHPS Database Data Use Agreement](#) as soon as possible. Users may submit it before August 8, 2022, to [HCBSCAHPSDatabase@Westat.com](mailto:HCBSCAHPSDatabase@Westat.com). The HCBS CAHPS Database is a joint project of the Agency for Healthcare Research and Quality and the Centers for Medicare & Medicaid Services. [Learn more about the submission requirements](#). The HCBS CAHPS survey versions eligible for submission are

- Adult Survey 1.0 and
- Adult Survey 1.0 with the supplemental Employment Module.

For more information about the HCBS CAHPS Database, contact 855-580-4657 or [HCBSCAHPSDatabase@Westat.com](mailto:HCBSCAHPSDatabase@Westat.com). For technical assistance with HCBS CAHPS implementation, contact [HCBSmeasures@Lewin.com](mailto:HCBSmeasures@Lewin.com).

**LeadingAge Immigration Priorities Addressed in the Omnibus Appropriations Bill.** The FY 2022 Omnibus Appropriations Act increases funds to address immigrant visa backlogs; and, includes language to address LeadingAge priorities regarding the expedited renewal processing timelines on healthcare workers employment authorizations, and adopting visa processing improvements.

The FY 2022 omnibus appropriations bill provides the U.S. Citizenship and Immigration Services (USCIS) with \$275 million to address the backlogs and delays with processing refugee, asylum and immigration benefit applications. The funding will help many foreign health care workers who have been waiting for permission to enter the U.S. through employment-based visa petitions. Additionally, the omnibus appropriations act's accompanying report addresses two concerns that LeadingAge and a coalition of long-term and post-acute care (LTPAC) providers have advocated to change. While report language does not have the force of law, we are pleased the language addressed some of what we asked for. The omnibus appropriations bill includes report language that request:

- U.S. Citizenship and Immigration Service to review whether the Employment Authorization Applications Form can be more narrowly tailored to reduce paperwork and workloads, while still ensuring proper eligibility and security.
- Secretary of State, not later than 90 days after enactment of the bill, to submit a report to the Committees on Appropriations, regarding lessons learned from the pandemic -- including the adoption of remote services, the feasibility of increased interview waivers and remote visa interviews, and any other process improvements that would enhance consular services domestically and overseas.

**COVID-19 Elevates Broadband Internet Access to a Right.** Last June, LeadingAge CAST's Majd Alwan [wrote about his predictions](#) on how COVID-19 and technology would reshape our future. Today, we know that the digital divide is one of the most important equity gaps to address as our society grows more reliant on digital technology and the internet. [Read the latest insights from Majd](#) on why broadband internet should be treated as a right for all and how LeadingAge members can be part of the solution.

**Register for Collaborative Care Tech Summit.** Registration is now open for the virtual [Collaborative Care Tech Summit](#) taking place June 7-8, 2022. This year's theme, "Connecting and Strengthening Workforce," will offer solutions to challenges LeadingAge members and other care providers are experiencing. [Learn more about the summit](#) and [register today](#) for invaluable insights on solving these workforce challenges.

**New Webinar on the Hub. [Creating a Trauma-Informed Culture to Support Wellbeing](#)**

Join LeadingAge and Jill Schumann on *Monday, April 11 from 2:00 - 3:30 PM ET* to delve into the details of how a trauma-informed care framework can be used to assess, guide, and create safety and support in your organization.

- Review the key principles of trauma-informed care and delve into the intersections of the COVID-19 pandemic and trauma-informed care.
- Explore the workplace practices and education needed to understand, recognize, and respond to the effects of trauma on older adults and their family members.
- Hear about tools and resources available to help organizations across aging services settings provide a supportive environment that builds resilience.

[Register Today](#)