



Home Health and Hospice Weekly: Recap of LeadingAge Updates

February 25, 2022

Home Health and Hospice Leadership Summit Speakers Announced! The 2022 LeadingAge Leadership Summit provides a unique opportunity for leaders in aging services to think strategically as we examine the current trends, emerging issues, and long-term changes that we will need to adapt to in order to keep our organizations successful. [Learn more and register today.](#) We want to highlight the 9:00 AM session on March 29 that is focused on Medicare Home Health and Hospice. LeadingAge will have two Congressional staffers speak about what is going on in Congress with particular focus on home health and hospice. Abt Associates will speak to the Hospice Care Index and other changes to the Hospice Quality Reporting program. There will also be speakers on the Home Health Value Based Purchasing Model expansion. The rest of the conference features sessions on DEI, Leadership, Grassroots Advocacy, Managed Care and Alternative Payment models, Medicaid HCBS, and more! There is also the opportunity to participate in Congressional meetings. Don't miss out on critical industry updates and networking opportunities.

LeadingAge Home Health Advisory Group Call. Join us on Tuesday, March 1, at 2:00pm ET, for our brand new Home Health Advisory Group call. We'll be reviewing priorities for this group for the year. We'll also check in on news from CMS and the Hill. Any LeadingAge member can join the Home Health Advisory Group or submit advance questions by emailing Katy (kbarnett@leadingage.org) or Mollie (mgurian@leadingage.org).

OMB Requests Feedback on OASIS-E. The Office of Management & Budget (OMB) issued a [Notice](#) of request for comments for the Outcome and Assessment Information Set (OASIS)-E as part of their review for implementation of the new items January 1, 2023. The Notice includes three attachments and the Supporting Statement [document](#) outlining the burden estimate for both home health agencies (HHAs) and the federal government. Comments on this Notice are due March 14, 2022.

MACs Update TPE Program for Home Health and Hospice Agencies: As part of the continued integrity focus on home health and hospice, CMS' and their Medicare Administrative Contractors (MACs) to start Targeted Probe and Educate (TPE) program for these providers. TPEs are designed to help providers and suppliers reduce claim denials and appeals through one-on-one help from MACs. Most providers will never need TPE, providers whose claims are compliant with Medicare policy won't be chosen for TPE but

we want members to understand and be prepared if you are contacted by a MAC. MACs use data analysis to identify: 1) providers who have high claim error rates or unusual billing practices, 2) services that have high national error rates and are a financial risk to Medicare. Across MACs we are seeing a focus on Home Health Medical Necessity, Hospice Q Codes, Hospice Length of Stay. You can review the current list for each MAC at the following websites:

[Palmetto GBA](#)

[CGS](#)

[NGS](#)

Another round of Phase 4 PRF Going out this week. HRSA [announced](#) Thursday that it will be sending out \$560 million from the \$17.5 billion available for the Phase 4 general distribution. This is the third batch of payments distributed from Phase 4. With this distribution, \$6B remains to be distributed to providers under the Phase 4 allotment and HRSA will continue to process the remaining Phase 4 applications. HHS provided a state-by-state [breakdown](#) of the number of providers who will receive this round of Phase 4 payments. Here is a short [article](#) on the announcement.

CHART ACO Transformation Track for Rural providers Removed. The Center for Medicare and Medicaid Innovation (CMMI) announced this week that the Accountable Care Organization Transformation Track of the Community Health Access and Rural Transformation (CHART) Model has been removed or cancelled. The announcement indicates that CMS is “developing an Agency-wide vision and strategy for accountable care, including opportunities to increase ACO adoption in rural areas.” The CHART Model seeks to address disparities by providing a way for rural communities to transform their health care delivery systems through “innovative financial arrangements as well as operational and regulatory flexibilities.” The CHART model also has a Community Transformation Track. Four entities were selected for this track in fall of 2021 including the University of Alabama Birmingham, State of South Dakota Department of Social Services, Texas Health and Human Services Commission and Washington State Healthcare Authority. More details on the Community Transformation Track and the CHART Model can be found [here](#). Here is a short [article](#) on this topic.

More than Half of Emergency Rental Assistance Funds Remain. Of the \$46.5 billion provided for the Emergency Rental Assistance program, just 44% (\$20.6 billion) was used to help renters with payments and arrears for rent and utility bills through December 2022, according to data released on February 24 by the Treasury. Congress provided the \$46.5 billion through two large COVID relief bills in 2020 and 2021. Of the expended funds, more than 60% went to extremely low income households (households with incomes less than 30% of area median income) according to new Treasury data on the ERA program. About two-thirds of ERA recipient households were headed by women. The first tranche of ERA funding (for “ERA1”) of \$25 billion was provided in the FY21 omnibus appropriations bill; these ERA1 Funds generally expire on September 30, 2022. The second tranche of ERA funding (for “ERA2”) of \$21.55 billion was provided in the American Rescue Plan Act of 2021; ERA2 funds generally expire on September 30, 2025. The funds were distributed by formula allocation to states and to local governments with populations greater than 100,000. For more about the ERA program, including the new data, go [here](#).

CMMI Replaces Direct Contracting with New ACO REACH Model: The Center for Medicare and Medicaid Innovation finally released its plan for the future of its current Direct Contracting(DC) Model, which is to replace it with a new model called Accountable Care Organization Realizing Equity, Access and Community Health ([ACO REACH](#)). Some LeadingAge members had been partnering with DC entities(DCEs) to provide services and so had an interest in the model continuing. Until today’s

announcement, there had been much speculation that CMMI might cancel the model altogether, while others were confident that CMMI would make revisions. Today's announcement also included a statement indicating that it is cancelling the Geographic DC model proposed in December 2020 by the Trump Administration but many groups, including LeadingAge voiced concerns about the model's design. It was placed on hold by the Biden Administration in March 2021 for further review. Nicole will be reviewing the announcement and corresponding documents in greater detail and then writing an article that will summarize the changes and the opportunities of the new model.

Proposed Public Charge Rule: The Department of Homeland Security released a proposed rule titled "[Public Charge Ground of inadmissibility](#)", this rescinds the Trump Administration's interpretation of the term "public charge" and the type of public benefits considered when making a public charge admissibility determination. DHS proposes to consider the following public benefits when making a public charge inadmissibility determination:

- Supplemental Security Income (SSI);
- Cash assistance for income maintenance under the Temporary Assistance for Needy Families (TANF) program;
- State, Tribal, territorial, and local cash assistance for income maintenance; and
- Long-term institutionalization at government expense.

DHS proposes that it will not consider non-cash benefits such as food and nutrition assistance programs including the Supplemental Nutrition Assistance Program (SNAP), the Children's Health Insurance Program, most Medicaid benefits (except for long-term institutionalization at government expense), housing benefits, and transportation vouchers. DHS would also not consider disaster assistance received under the Stafford Act; pandemic assistance; benefits received via a tax credit or deduction; or Social Security, government pensions, or other earned benefits.

By law, many categories of noncitizens are exempt from the public charge ground of inadmissibility and would not be subject to the proposed rule. Some of these categories are refugees, asylees, noncitizens applying for or re-registering for temporary protected status (TPS), special immigration juveniles, T and U nonimmigrants, and self-petitioner under the Violence Against Women Act (VAWA). Under the proposed rule, if a noncitizen received public benefits while in an immigration category that is exempt from the public charge ground of inadmissibility, DHS would not consider the noncitizen's past receipt of such benefits as part of any future public charge determination. **The comments for the proposed rule are due on 4/25/2022**

Mental health and older adults: a multi-agency federal discussion. On Tuesday, March 1 at 2:30 PM ET, the National Institute of Mental Health, the National Institute on Aging, and the Substance Abuse and Mental Health Services Administration (all components of the US Department of Health and Human Services) will collaborate on a Facebook Live event to discuss mental health and older adults. The session will include live Q&A, highlight relevant research, and share resources for older adults who may be struggling with their mental health. Visit the [Facebook Event Page](#) for more information and to RSVP.

New Action Alert – Tell Congress to Fund Vital Aging Programs and Services. Congress Needs To Pass Funding Bills to Sustain and Expand Aging Programs. It is time for Congress to pass a long-term government funding bill that sustains and expands investments in home and community-based services, affordable housing for low income older adults, and measures that address the aging services sector's severe workforce challenges. Continuing resolutions do not allow for increases to key federal programs that sustain or aging services infrastructure—and that hurt older adults and families across the country.

Send a message to your members of Congress and let them know they need to act now:
<https://mobilize4change.org/NVSDoWd>.

Right now congressional leaders are negotiating federal investments in aging services programs for next year and we need your help! Too many older adults are struggling to access the essential services they need and funding levels must increase. Senators and Representatives must hear from constituents like you that they can't leave older adults behind. Americans overwhelmingly support increased investments in aging services. Nothing should disrupt Congress from delivering funding increases to help older adults and their families. Send a message to your elected leaders in Congress today by visiting here
<https://mobilize4change.org/NVSDoWd>

New March Sessions from Housing and Services Resource Center. The HUD/ACL [Housing and Services Resource Center](#) will host two sessions in March related to cross-sector partnerships that create housing stability.

- *March 7, 3:00 - 4:30 PM ET - Expanded Opportunities with Federal Funding for Housing and Services.* [Register for the webinar](#). Federal agency leaders will highlight major funding streams for affordable, accessible housing, home and community-based services, and behavioral and mental health services. In particular, the American Rescue Plan provides new opportunities to address disparities among people with disabilities, older adults, and people experiencing homelessness. Presenters will offer models that braid federal funding so all can live successfully and stably in the community. Featured agencies include the Administration for Community Living, Centers for Medicare & Medicaid Services, the Substance Abuse and Mental Health Services Administration, and the Department of Housing and Urban Development.
- *March 15, 2:30 – 4:00 PM ET - State and Local Partnerships for Housing Stability.* [Register for the webinar](#). States and communities have created cross-sector partnerships that improve housing stability by connecting people to housing and making it easier to obtain supportive services. Presenters from housing, home- and community-based services, and health services will feature their successful approaches. After a showcase of innovative collaborations that braid funding for housing and services, webinar participants will have time to ask questions.

CMS Call on the Medicaid and CHIP RFI. As we announced last week, CMS put out an [RFI](#) on topics related to health care access in the Medicaid program. Specifically, they are interested in hearing from a broad array of stakeholders on topics relating to: enrolling in and maintaining coverage, accessing health care services and supports, and ensuring adequate provider payment rates to encourage provider availability and quality. This Request for Information (RFI) is one of many actions CMS is taking to develop a more comprehensive access strategy in its Medicaid program and Children's Health Insurance Program (CHIP).

Please join CMS for a stakeholder call on the RFI on access in Medicaid and CHIP. This session will provide additional information on the RFI, review how to access the online form, and outline the importance of providing feedback on this topic

When: Tuesday, March 1, 2022, 3:30 - 4:00 PM ET

Where: Zoom link will be provided following registration.

Who should attend: This call is designed for all stakeholder groups that interact with Medicaid and CHIP. This includes but is not limited to: health care providers, consumer

groups and advocates, managed care organizations, and people enrolled in Medicaid and CHIP.

RSVP: https://cms.zoomgov.com/webinar/register/WN_VxZOD4EKSaSBSbTU-L4tcA

CDC Guidance on Antigen Testing in Long Term Care. Late last week, the [CDC updated guidance on antigen testing in long-term care](#). The update streamlines guidance on how testing is used in determining work restrictions and mitigating shortages among health care staff. It also clarifies when and how to conduct confirmatory testing following the use of antigen tests.