



## Medicaid HCBS and PACE Weekly Recap

April 21, 2023

**Policy Update Calls – Mental Health Post-Pandemic.** On Monday, April 24 at 3:30 PM ET, Mark SooHoo, Health Lead at Meteorite and Health Action Alliance, will join us to talk about the recent publication, "[Three Years of COVID-19: Lessons Learned and Next Steps for Employers](#)". We'll talk about important findings reported in the publication, such as employers reporting a continued need to prioritize mental health following a surge in reported levels of psychological distress during the pandemic and about the lasting impact of lost workdays. Most important we'll talk about what providers can do moving forward to ensure workplaces are healthy and robust. You can also find previous call recordings of every 3:30 LeadingAge call [here](#). Note that to access recordings of the calls you need a LeadingAge password. Any staff member of any LeadingAge member organization can set up a password to access previous calls and other members-only content.

**White House Executive Order and Fact Sheet on Caregivers.** This week, the President signed an [Executive Order](#) summarizing his Administration's caregiver actions and proposals; Katie Smith Sloan was among the invited guests. A Fact Sheet – "[Biden Harris Administration Announces Most Sweeping Set of Executive Actions to Improve Care in History](#)" released earlier in the day outlined key measures included in the Executive Order. This [LeadingAge article](#) summarizes the Fact Sheet and its implications for LeadingAge members. The set of initiatives released today repeats and consolidates prior budget requests and announcements and adds some new ones. LeadingAge supports the President's proposed \$150 billion expansion of Medicaid home and community-based services funding, including a focus on supporting the HCBS workforce. We question the White House notion that there is a way to leverage Medicaid funds to ensure there are sufficient workers to provide care in HCBS settings. Importantly, the fact sheet includes a statement that the Administration will add regulations and requirements to staffing mandates (which are not yet issued) and withhold Medicare SNF funding for nursing homes that do not retain staff. (It is essential to point out that this implies a new requirement; in fact, the policy of using SNF value-based purchasing to reward SNFs that retain staff has already been proposed.) Overall, LeadingAge is concerned that White House materials continue to frame the debate as "either/or" when talking about HCBS and nursing home funding, when both are needed. Further, we continue to point out that the workforce crisis remains the most challenging issue in long-term care and it will not be solved without comprehensive immigration reform. We will continue to report on follow up activities.

**Don't Miss It: ERC Office Hours.** Calling all LeadingAge members who have decided to pursue the Employee Retention Credit; we are hosting a panel of experts from Venable law firm, CliftonLarsonAllen and Forvis to answer your questions about the complexities you've encountered in navigating the ERC. ERC Office Hours will be held on Tuesday, April 25 from 3:30 - 4:30 PM ET; please email [@Dee Pekruhn](#) to register and receive the Zoom link. All members are welcome; this session is specifically tailored to those who have already pursued and/or filed for the ERC.

**FDA Announces Changes to COVID Vaccine Guidelines and Eligibility.** The FDA has announced important changes to COVID vaccine guidelines and eligibility for the general U.S. population, as well as for special categories such as young children, older adults, and immunocompromised persons. Drs. Robert Califf and Peter Mark briefly outlined these key changes in an April 20 webinar. The Emergency

Use Authorization has been extended for both the Modern and Pfizer updated bivalent formulations of the COVID vaccine for a period of five years. Henceforth, only the updated bivalent formulations may be used for vaccinations, and **only one (1) administration of this updated vaccine is needed to be “up to date.”** Generally, individuals who are already “up to date” do NOT need to have the updated vaccine to continue to be “up to date.” Those who have NOT completed their original vaccine series OR have never been vaccinated will have to have one (1) administration of the updated vaccine to be “up to date.” Special categories of administration were next addressed. For those aged 65 or older (or immunocompromised), there is evidence that the immune response to COVID wanes after four months; therefore, they are considered up to date if they have had one bivalent dose. But they are eligible for another dose of the updated bivalent vaccine four months following their last shot. For children, those who are younger than 5 and receiving Pfizer, or younger than 6 and receiving Moderna will still need the same initial series and dosage, but using the updated bivalent formulation. Individuals with specific questions or who fall outside of the special categories are encouraged to consult their primary care physician. This is not a “new” vaccine and has been in use since September 2022. However, it is NOT considered a booster, but rather is a modified formulation to adjust to the current strains of COVID, and it will become the single-vaccine standard for becoming “up to date.”

**CMS and HHS Host Educational Webinar on Medicaid Unwinding.** CMS and HHS will host a webinar on “Medicaid and CHIP Continuous Enrollment Unwinding: What to Know and How to Prepare” on April 26 at 12:00 Noon ET. You can register [here](#) for the webinar and you will receive the Zoom link for it. Registrants will learn about how to educate staff and residents on the intersection of Medicaid coverage and employer sponsored coverage as continuous coverage provisions sunset. Presenters will cover a recent [issue brief](#) from the Assistant Secretary for Planning and Evaluation and employers roles in outreach related to the end of Medicaid continuous coverage. LeadingAge is maintaining information related to unwinding for members [here](#); you can access a high level QuickCast on the topic [here](#). Reach out to Georgia ([GGoodman@leadingage.org](mailto:GGoodman@leadingage.org)) if you have questions or challenges.

**Speaker’s Debt Ceiling Conditions Would Damage Aging Services.** On April 19, House Speaker Kevin McCarthy (R-CA) released his “Republican Plan to Address the Debt Ceiling,” the 320-page [Limit, Save, Grow Act of 2023 Act](#). The proposal describes specific items Speaker McCarthy is seeking in exchange for raising the debt ceiling. In a [statement](#), Speaker McCarthy says the plan shows that “House Republicans are taking action to lift the debt limit, limit government spending, save taxpayers money, and grow the economy.” The bill would cap federal discretionary spending, which include spending on HUD housing programs and Older Americans Act programs, to the FY22-enacted level (a \$180 billion cut compared to the FY23 enacted funding level) and then cap increases to 1% a year through 2033. Such a roll-back in funding could be devastating to programs serving older adults like affordable housing programs, which need annual increases just to serve the same number of people. The bill would also “claw back billions of dollars in unspent COVID money that has sat for 2 years,” prohibit the “student loan giveaway to the wealthy,” and repeal funding for new IRS agents and for new clean energy tax credits. The bill would also require “adults without dependents earn a paycheck and learn new skills,” including by increasing the threshold for the age-related exemption from work requirements in the Supplemental Food and Nutrition Program (SNAP) from 50 to 56 years old. Current federal law requires able bodied adults without dependents younger than 49 years old on SNAP to participate in work, training, or education for 20 hours a week; the bill raises that to 56 years old. The proposal, Speaker McCarthy said, will “protect and preserve Medicare and Social Security because more people will be paying into it.” President Biden has said he does not want conditions placed on raising the nation’s debt ceiling. Speaker McCarthy hopes to bring his bill to the House floor for a vote the week of April 24.

**Elder Justice Act Reauthorization Introduced in House and Senate.** On April 19, the *Elder Justice Reauthorization and Modernization Act of 2023* was introduced in the House and Senate. The bill builds on the Elder Justice Act by dedicating \$4.5 billion in funding through FY2027 for existing programs, as well as for three new programs to strengthen the long-term care workforce, address medical-legal needs, and respond to social isolation. The funding for new and existing programs includes:

- \$1.6 billion for post-acute and long-term care worker recruitment and retention;
- \$1.9 billion for Adult Protective Services functions and grant programs;
- \$232.5 million for long-term care ombudsman program grants and training;
- \$500 million to support linkages to legal services and medical-legal partnerships; and
- \$250 million to address social isolation and loneliness.

The bill's introduction was led by House Ways & Means Committee Ranking Member Richard E. Neal (D-MA), Senate Finance Committee Chairman Ron Wyden (D-OR), Senate Special Committee on Aging Chairman Bob Casey (D-PA), and Co-Chair of the House Elder Justice Caucus Congresswoman Suzanne Bonamici (D-OR). A summary of the bill can be found [here](#). A section-by-section summary of the bill can be found [here](#). The legislative text of the bill can be found [here](#). Bipartisan sponsorship will be needed to move the bill forward. In addition, it is important to note that the fate of this proposal is connected to the larger debate about the debt ceiling/budget cuts.

**MACPAC Discussed Denials and Appeals in Managed Care** The Medicaid and CHIP Payment Access Commission (MACPAC) serves as a non-partisan advisory and analytic agency to Congress and members of the president's administration. On April 14, Commissioners and attendees heard a [presentation](#) from staff on interview findings of beneficiaries and managed care organizations. The questions were designed to help interviewers better understand how appeals processes help beneficiaries access services and understanding of denials oversight in managed care. MCOs asserted that many denials were issued because of inadequate documentation to determine medical necessity. Beneficiaries noted concerns with conflicts of interest in MCOs handling of appeals citing misaligned incentives. Following the presentation from staff, spirited conversation and comments from commissioners aligned with many of LeadingAge's concerns around prior authorization and denials as outlined in this [LeadingAge article](#) about our recently issued white paper, *Fulfilling the Promise: Medicare Advantage*. MACPAC is considering recommendations and LeadingAge will continue to monitor and engage on developments.

**MedPAC Advisors Need More Data to Judge Telehealth Outcomes.** On April 14, LeadingAge Staff attended MedPAC's April public meeting session on telehealth quality, access, and cost in advance of a Congressionally mandated report on telehealth due in June. Although the advisory panel noted that expanded telehealth access during the pandemic increased access to care, the impacts on care quality and cost couldn't be determined due to specific data limitations and the unknown impacts of COVID-19 on the results of their analysis. Many of the panelists also noted the lack of distinction between various technology services under the telehealth definition, including remote patient monitoring (RPM) and chronic care management (CCM), all of which needs to be studied at a more granular level. Congress extended access to expanded telehealth services through 2024 in the FY23 government spending bill. Meanwhile, the panelists said the committee hopes to offer more guidance as better data becomes available. [More information on MedPAC's public meeting schedule can be found here.](#)

**Letter to Senate Appropriators from 42 Lawmakers Seeking \$4.6 Billion in OAA Funding.** The Senate HELP Committee Chairman Bernie Sanders (D-VT) has once again led efforts to send a letter to the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education leadership, urging an increase in funding for programs authorized under the Older Americans Act (OAA). The letter is requesting \$4.63 billion in funding for OAA programs and services in fiscal year (FY) 2024. In total, 42

Senators signed the letter, requesting additional funding to address the increased demand for and cost of OAA-related services. OAA programs provide vital services for over 11 million seniors across the country which includes providing congregate and home-delivered meals, transportation services, family caregiver support, activities that promote socialization and wellness at senior centers and employment and community service opportunities for low-income seniors. Additionally, increased OAA-related funding could support an increase in funding allocated to ACL's Direct Care Workforce Center and Competitive Grants. This program is authorized in Title IV of the OAA, in coordination with the Secretary of Labor, to carry-out the demonstration of new strategies for the recruitment, retention or advancement of direct care workers. If at least \$8 million in funding is appropriated, ACL would begin with demonstrations that could prove the concept of what approaches were effective. You can access the letter [here](#).

**Last week's Medicaid HCBS and PACE Weekly Update.** Here is the April 14, 2023 [HCBS and PACE Weekly Update](#).