



**Upcoming Home Health and Hospice Member Meetings – please contact Mollie with any questions at [mgurian@leadingage.org](mailto:mgurian@leadingage.org)**

- JULY 29<sup>th</sup> town hall will be **rescheduled** for September.
- *Rule Comment Feedback Sessions*  
**August 3<sup>rd</sup> at 3pm -- discussion of home health portions of the home health rule.**  
Home health members, please join us to provide your feedback on proposed PDGM changes, the expansion of the home health value based purchasing model, and other home health issues at 3pm on August 3<sup>rd</sup> at <https://us02web.zoom.us/j/82961786366?pwd=OHdYQ3NqVkluclyZlJ0cWQ5TkxSdz09>
- **August 5<sup>th</sup> at 1pm– discussion of hospice portions of home health rule (NEW DATE AND TIME).**  
Hospice members, please join us to discuss proposed changes to the survey process at 1pm on August 5<sup>th</sup> at <https://us02web.zoom.us/j/88178609630?pwd=WVM4RjFhd0hYSmZFeDlVWOW9VeDRXZz09>

**LeadingAge continues discussions with CMMI on Future Care Delivery Models:** LeadingAge policy staff met with the Patient Care Models Group at CMMI today to better understand models and approaches they are considering related to the SNF at home concept, palliative care and HCBS. We shared our perspective on where the current palliative care/hospice models have presented barriers to some seniors from participating. There appears to be a real interest in figuring out a model where PAC, LTSS and HCBS providers can participate alternative payment models. The meeting ended with more questions. In particular, they are interested in what COVID flexibilities would be helpful to continue post-pandemic that will help providers deliver care and services more effectively. We will be discussing internally but also would love to hear from state partners and members.

**Infrastructure Action Alert.** This week, we sent all LeadingAge members an action alert urging them to take action and ensure that Congress includes our key programs as part of the infrastructure negotiations. Here's the summary:

Tell Congress: Include Investments for Older Adults and the Providers Who Serve Them  
Congress has begun developing a \$3.5 trillion infrastructure investment package -- so NOW is the moment to make sure U.S. Representatives and Senators hear our voices!

The infrastructure package must include:

- \$400 billion for Home and Community-Based Services, including: sufficient funding to identify and serve older people who are eligible, increasing FMAP for HCBS by 10 points for 10 years, double investment in Older Americans Act supportive services, connecting HCBS and HUD-assisted units, incentivizing states to expand the PACE model, and investing in new models of care to support older adults in home and community.
- Enhanced federal investment in the LTSS workforce across the entire continuum of aging services, in order to support recruitment, training, advancement opportunities, and increased wages. Ensure equity in access to increased workforce funding across payment systems.
- \$7.5 billion for HUD's Section 202 Supportive Housing for the Elderly program to expand the supply of affordable senior housing, increase the number of Service Coordinators, and provide internet in these homes.
- Expansion of Medicare to include dental, hearing, and vision services.

Now is the time to act: send a message to your U.S. Representative and Senators today!

<https://mobilize4change.org/HrCcAjg>

**Noncompliance with SNF and Hospice Quality Reporting.** SNF and Hospice providers who are non-compliant with their respective Quality Reporting Programs should have received a noncompliance letter from CMS last week. Providers can check QIES system to see if they have a notice. Non-compliant providers will have their FY2022 Medicare payments reduced by 2%. If a provider believes they have received this notice in error, they may request reconsideration from CMS but must do so no later than Aug. 13.

**LeadingAge Sends Letter Urging HRSA to Release the Provider Relief and unused PRF being considered in Infrastructure debate:** Thursday, Katie sent a [letter](#) to HRSA Administrator Diana Espinosa stressing the urgent need providers have for further pandemic relief. A recent [GAO report](#) notes HRSA's inaction and lack of transparency on the distribution of these PRF dollars. GAO recommends in the report that the Secretary of Health and Human Services should provide projected time frames for the planned spending of COVID-19 relief funds in the Department of Health and Human Services' spend plans submitted to Congress.

We've also heard speculation in recent days that some members of Congress are considering using the remaining PRF dollars to fund the infrastructure bills currently being deliberated. LeadingAge responded to a McKnight's media inquiry on this issue, as follows, today, "From a spokesperson for LeadingAge, the association of nonprofit providers of aging services: We strongly urge negotiators to leave the Provider Relief Fund appropriations untouched so they are used for their original purpose: to provide relief. The fact that these funds are not yet used isn't due to a lack of need; it is because HRSA has offered no opportunity for providers to access funds since late 2020. Yet, at the same time, the pandemic continues to take its toll. Providers' financial losses are mounting, as spending for COVID-related items and services, including personal protection equipment, tests and staffing support continues. For many of our members, the need for support is urgent."

**Health care workforce:** HHS [announced](#) that the Health Resources and Services Administration would be administering \$103 million through 3 funding opportunities related to reducing health care worker burnout and promoting workforce mental health and wellness. There are three different funding opportunities. Health care providers appear eligible to apply for the first and third opportunities.

- [Promoting Resilience and Mental Health Among Health Professional Workforce](#): Estimated to issue \$29 million over three years to roughly 10 health care organizations to support their workforce through evidence-informed programs or protocols related to a culture of wellness. The goal of the PRMHW program is for health care organizations to adopt, promote, implement, and demonstrate an organizational culture of wellness that includes resilience and mental health for their health professional workforce.
- [Health and Public Safety Workforce Resiliency Training Program \(HPSWRTP\)](#): \$68M over three years for up to 30 awards to educational institutions and other state, local, tribal, public or private nonprofits who train individuals early in their careers. The goal of HPSWRTP is to reduce and address burnout, suicide, mental health conditions and substance use disorders and promote resiliency among health care students, residents, professionals, paraprofessionals, trainees, public safety officers, and employers of such individuals, particularly in rural and medically underserved communities. These awardees will do this by developing some of the strategies, protocols and systemwide approaches that the health care provider organizations can deploy
- [Health and Public Safety Workforce Resiliency Technical Assistance Center](#) : One cooperative agreement for up to a total of \$6 million over three years. The purpose of this program is to provide tailored training and technical assistance (TA) to support Health Resources and Services Administration's (HRSA's) health workforce resiliency grant recipients .

Applications for each of the funding opportunities are due August 30, 2021.

**Annual Meeting Registration is Open.** It's time to reconnect at the [2021 LeadingAge Annual Meeting + EXPO](#). Our collective power is made greater through sharing, learning, and collaboration—so join us for the conversations and connections that will help us navigate our field, forever transformed by the last year. We'll get ideas and answers from the experts and from each other. This is where progress begins—and you need to be a part of it. [Watch a video](#) from LeadingAge Board Chair Carol Silver Elliott and [register today](#).

[This year's program](#) will focus on measurable, actionable, and scalable insights. We are addressing a range of important topics, including:

- Aging Services Technologies
- Design Strategies & Solutions
- Diversity, Equity, & Inclusion - new this year!
- Governance & Leadership - new this year!
- Growth & Mission Advancement
- Marketing & Consumer Behavior
- Operational Excellence

Review the [full schedule of sessions](#) and make plans to join your colleagues in Atlanta.

**Registration Open for MAC Collaborative Summit 2021.** This summit will be virtual from Sept 15<sup>th</sup>-17<sup>th</sup> and will feature speakers from all three Medicare Administrative Contractors (MACs), CMS, and the Unified Program Integrity Contractor (UPIC). More information can be found [here](#)

**Short Policy Update.** We periodically pull together updates on how our legislative priorities are faring and changing. [Here's](#) one we just developed.

**Everything you need and want to know about Provider Relief Reporting.** All members who received Provider Relief Fund payments between April 10 and June 30, 2020 are now required to submit reports on the use of those funds. These reports are due September 30. LeadingAge is hosting a [webinar](#) on July 27 from 2:00 -3:30 PM ET with CLA, to assist aging services providers in understanding the new reporting requirements and strategies for how to approach the required reporting. This webinar will also help prepare assisted living and Medicaid providers who received later PRF payments and are required to report in the next reporting period. While you're at the link you can check out all the other offerings in the LeadingAge Learning Hub!

**House Workforce hearing.** During this week's joint House Education and Labor Committee hearing on the direct care workforce, Chair Federica Wilson (D-FL), Subcommittee on Health, Employment, Labor, and Pensions and Chairman Mark DeSaulnier (D-CA), Subcommittee on Higher Education and Workforce, and the democrat subcommittee members, reiterated how the American Jobs Plan calls for robust investments to expand access to home and community-based services (HCBS) from Medicaid and strengthen the workforce through higher wages, better benefits, and sector-based job training and supports. They also discussed how the Direct Creation, Advancement, and Retention of Employment Opportunity (CARE) Act of 2021, mirrors the American Jobs Plan, which invests in recruiting, retaining, and advancing the direct care workforce pipeline.

The Ranking Republican subcommittee members, Reps. Gregory Murphy (R-NC) and Rick Allen (R-GA), and the republican subcommittee members, reiterated their support for the reauthorization of the *Workforce Investment and Opportunity Act* (WIOA), as a vehicle to help direct care workers. They view WIOA as an important source of funding for state and local workforce development systems that are tasked with addressing the community needs. Additionally, they advocated for apprenticeship-style programs that allowed for on-the-job learning and classroom-based instructions to sustain a workforce pipeline to recruit the health care workforce. An article on the hearing will be available soon.

**Compilation of State Plans for American Rescue Plan HCBS Funds.** Advancing States put together an inventory of ARPA funds HCBS funds that can be found at:  
<http://www.advancingstates.org/sites/nasuad/files/u33914/HCBS%20ARPA%20Spending%20plans%20Inventory%20of%20Links%20PUBLIC.pdf>