

2024 REGIONAL MEETINGS



**PENNSYLVANIA
HOMECARE ASSOCIATION**



Meet The PHA Staff



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Officer*



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*Director
Workforce Development*



Cody Jones
*Sr. Director
Government Affairs*



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Association Services*



Jill Senior
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Meetings & Events*



Michaelene Licht
Accounting Manager



MaiLynn Peters
*Sr. Director
Business Solutions*

Thank You to Our Corporate Partners!



Thank You to Our Exhibitors & Sponsors!



Rapid Roundtable

Instructions:

1. When we begin, each individual in the group will answer the question on the card placed on the table
 2. Before answering the question, introduce yourself to the table with your name, organization, and title.
 3. You will have 5 minutes to discuss the question at your table before you will move to a different table. You do not have to go in order of the tables, nor do you have to stay together as a group. In fact, we prefer you move about freely!
-

05:00



2024 PHA HIGHLIGHTS

Regional Meeting Digital Binder!

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SCAN HERE

<https://pahomecare.org/provider-support/2024-regional-meeting-materials/>

Public Policy Summit

PHA's **Public Policy Summit** provides actionable insights on relevant legislative issues and strengthens advocacy efforts within Pennsylvania's homecare sector.

50+ participants including industry leaders, government officials, and homecare stakeholders.

Speakers included:

- **Val Arkoosh**, DHS Secretary
- **Clarissa Freeman, Esq.**, Minority Executive Director-Health and Human Services Committee
- **Rep. Stephen Kinsey**, Majority House Human Services Committee
- **Rep. Doyle Heffley**, Minority Chair House Human Services Committee
- **Federal Legislative Panel** including Bayada, Maxim Healthcare, Help at Home, AmeriBest, and Aveanna

Thank you to our speakers, sponsors and attendees!



Advocacy Day

Advocacy Day allows participants to share personal stories with policymakers and emphasize the need for stronger support of home care programs.

- **240+ Attendees**
- **146 Legislative Meetings**
- **BAYADA Simulation Labs**
- **Press conference** with news coverage

Speakers included:

- **PDN consumer representative**
- **Senator Maria Collett**
- **PHA Staff and Member champions**

Participants met with lawmakers to advocate for critical policy changes impacting home-based care.

Thank you for raising awareness on behalf of home care services with us!



Mission Moments

- **What Is a Mission Moment?** When a member shares a story (typically on camera) of a patient interaction that profoundly moved them and made them a champion of the industry. This story defines their “WHY” – Why did they pick this field? Why do they stay in this field?
- **Why Is This Important?** Too often, our patients are unable to get in front of legislators to tell their story. Your advocacy call to action is to tell their stories for them through the eyes of a dedicated and passionate advocate and industry representative.
- **Self-Record Today!**
 - [Scan the QR Code for instructions for self-recording of your Mission Moment](#)
 - PHA will make professional edits and launch in our 2024-2025 Funding Campaign



Annual Conference Recap



Attendee Feedback:

- ▶ *"I am a first-time attendee; it was a wonderful experience. I learned so much. I met so many interesting people, learned about so many different products and services. The speakers were great. The food and entertainment was wonderful. I look forward to coming again!"*
- ▶ *"Engaging staff and presenters. Great location, food, events. I loved the enthusiasm and the content"*
- ▶ *"This is my 8th conference and is definitely among my favorites!"*

When: May 15-17

Where: Kalahari Resort in the Pocono Mountains

What: Excellent speakers, valuable content, enriching education, plus meaningful networking with industry peers, payers, and key vendors

680 PHA Members & Attendees

Relive 2024 Conference!



[watch online](#)

2025



**PENNSYLVANIA
HOMECARE ASSOCIATION**

ANNUAL CONFERENCE

BETHLEHEM, PA

DISCUSS

LEARN

LEAD

NETWORK



Save the Date!

MAY 14-16, 2025

Wind Creek Resort



Call for Presentations

PHA 2025 Annual Conference
May 14-16, 2025
Wind Creek Resort, Bethlehem, PA

PHA is seeking **innovative, engaging, and practical presentations** that will inspire and educate professionals across the home-based care industry. If you're an expert with fresh insights and actionable strategies to share, this is your chance to showcase your knowledge to leaders, decision-makers, and influencers from across the state.

Why Present at the PHA Annual Conference?

- **High Visibility:** Reach a diverse audience of industry professionals passionate about home health, home care, hospice, and palliative care.
- **Thought Leadership:** Establish yourself as a leading voice by sharing your expertise on critical and emerging topics in home-based care.
- **Networking:** Build lasting connections with key players and influencers from across the homecare spectrum.

[Submit a Presentation](#)

More Education!

Date	Event
10/24/24	Schedulers Series: Five Practical Ways to Use AI for Home Care Scheduling
10/29/24	Mergers & Acquisitions: The Art of the Sale
10/30/24	Finance Series: Medicare Advantage: Boosting Bottom Line
11/6/24	Lunch & Learn: Workforce Development – Department of Labor - Veterans Resources
11/7/24	Home Care Pulse: Benchmarking Webinar
11/12/24	Compliance Track: Mastering DOH, OLTL, and ODP Licensing: Initial Steps, Renewals, and Handling Missed Deadlines
11/14/24	Pediatric Cabinet Meeting
11/19/24	Compliance Track: EVV – Fraud, Waste & Abuse/ Manual Edits ISIU Audits
11/21/24	Schedulers Series: Schedulers Are the Key to Employee Retention
11/21/24	Quick Hits
11/26/24	Compliance Track: Effective Reporting for Compliance: OAPSA, Adult Protective Services, and OIG Exclusion
12/3/24	Compliance Track: Legal Essentials- Avoiding Common DOL Pitfalls
12/5/24	Schedulers Series: Bonus Session
12/10/24	Compliance Track: Ensuring IT Compliance in Homecare: Best Practices and Key Requirements
12/13/24	2024 Mergers & Acquisitions Summit: Navigating M&A in Pennsylvania – Strategies, Trends, and Legal Insights
12/19/24	Quick Hits

Don't Miss What's Next!

2024 Mergers & Acquisitions Summit December 13, 2024

*The Alloy, a DoubleTree by Hilton
301 W. Dekalb Pike, King of Prussia, PA 19406*



Get ready for a deep dive into the world of mergers and acquisitions with our exclusive track designed to help business owners navigate the complexities of selling their business. Each session, led by industry experts, will provide practical tools and insights to maximize your sale potential and ensure a smooth transition.

REGISTER TODAY!

Event Schedule:

- 9:00 AM – 10:00 AM – Registration / Networking / Exhibits
- 10:00 AM – 11:00 AM – PA Landscape
Speaker: **Kevin Hancock**, Kevin Hancock Consulting LLC
- 11:00 AM – 12:00 PM – Top Considerations for Providers Looking to Buy or Sell
Speakers: **Keith Crownover**, Stoneridge & **Brian Bruenderman**, Ascend Healthcare Advisors
- 12:00 PM – 1:00 PM – Lunch / Exhibits
- 1:00 PM – 2:30 PM – Legal / Regulatory Panel on the Sale Process
Speakers: **Clayton Nedza** & **Jeanna Gunville**, Polsinelli; **Denise Harris**, DK Harris Consulting Associates; **Michael Brown**, MBA Healthcare Consultants
- 2:30 PM – 3:30 PM – Networking / Exhibits

Don't Miss What's Next!

Compliance Webinar Track - [Register Today!](#)



Join us for a comprehensive Homecare Compliance webinar series, designed to keep your agency up-to-date with the latest regulations and best practices.

Every Tuesday at 1pm, mid November – mid December!

- **11/12:** Mastering DOH, OLTL, and ODP Licensing: Initial Steps, Renewals, and Handling Missed Deadlines
- **11/19:** EVV Compliance: Preventing Fraud, Managing Manual Edits, and Navigating SIU Takeback Audits
- **11/26:** Effective Reporting for Compliance: OAPSA, Adult Protective Services, and OIG Exclusion
- **12/3:** Legal Essentials: Avoiding Common DOL Pitfalls
- **12/10:** Ensuring IT Compliance in Homecare: Best Practices and Key Requirements

**Equip your team with the knowledge to ensure compliance and mitigate risk.
Don't miss out!**

DCW Forum Recap

When: June 12

Where: Hershey Country Club

What: Celebrates the exceptional service and commitment of our direct care workers and recognizes 2024 Direct Care Worker of the Year Award nominees and winners!

120 DCW Nominations

“Vicki Hoak Direct Care Worker of the Year” Award Winner:

Louise Julason

BAYADA Home Health Care

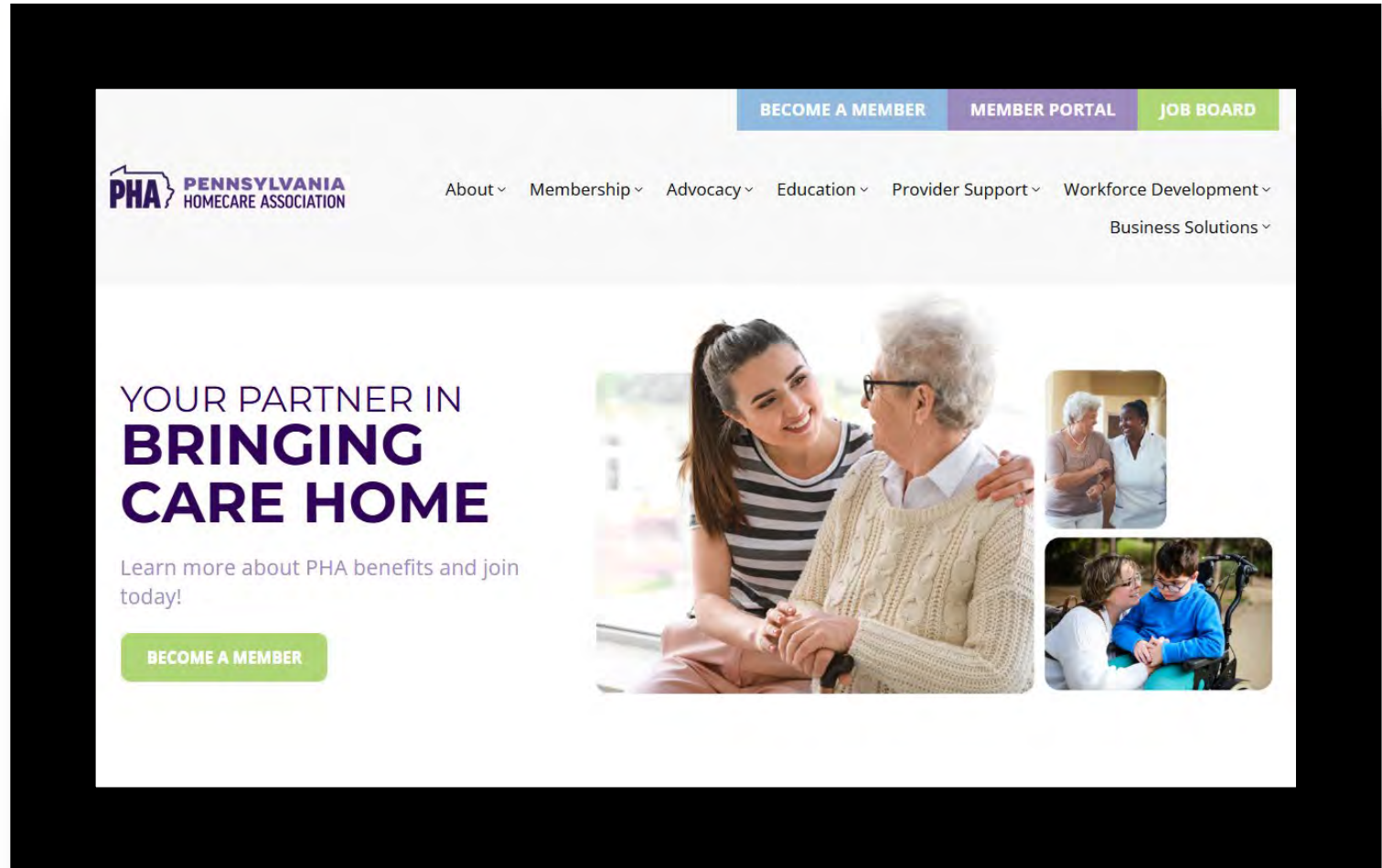
Regional Award Winners:

- **Dawn Mosesman**
- **Raquel Torres**
- **Cathy Hertzog**

Redstone@Home Hospice
St. Luke's Hospice
Family Home Medical
Support Services



New Brand & Website



DLI Grant Recipient

PHA received a Department of Labor & Industry Grant for Direct Care Worker Job Quality initiatives

Direct Care Worker (DCW) Track

\$150 DCW GRANT

Requirements:

- Must be seeking employment or newly employed in home care, home health or hospice.
- Must be new to the industry (within 6 months)
- Must Work in Adams, Carbon, Cumberland, Dauphin, Lackawanna, Luzerne, Monroe, Perry, Pike, Susquehanna, Union, Wayne, Wyoming, or York Counties

1 Complete online grant application

2 Complete Learning Center Training Videos

3 Accept a job offer with a home care, home health or hospice agency. (PHA Job Board will support placements)

4 Work a minimum of forty (40) hours

5 Complete Satisfaction & Completion Survey

DCW Mentorship & Training Program

January 2025 - February 2026

1,000 DCWs and 300 HHAs

Partner with local organizations to identify applicants & existing DCWs who are seeking to secure employment and/or advance their skills

\$150 for DCWs who complete the track
\$500 for HHAs who complete the track

Desired Outcomes: Improved Recruitment, Increased Retention Rates, & Overall Job Satisfaction

Help us advocate for statewide expansion



Home Health Aide (HHA) Track

\$500 HHA GRANT

Requirements:

- Desire to increase skills
- Currently employed by home care, home health or hospice agency OR employment pending training
- Must Work in Adams, Carbon, Cumberland, Dauphin, Lackawanna, Luzerne, Monroe, Perry, Pike, Susquehanna, Union, Wayne, Wyoming, or York Counties

1 Complete online grant application

2 Complete Learning Center Training Videos

3 Complete 16-hour classroom training

4 Accept a job offer with a home care, home health or hospice agency. (PHA Job Board)

5 Work a minimum of forty (40) hours

6 Complete Satisfaction & Completion Survey

Nevvon Partnership



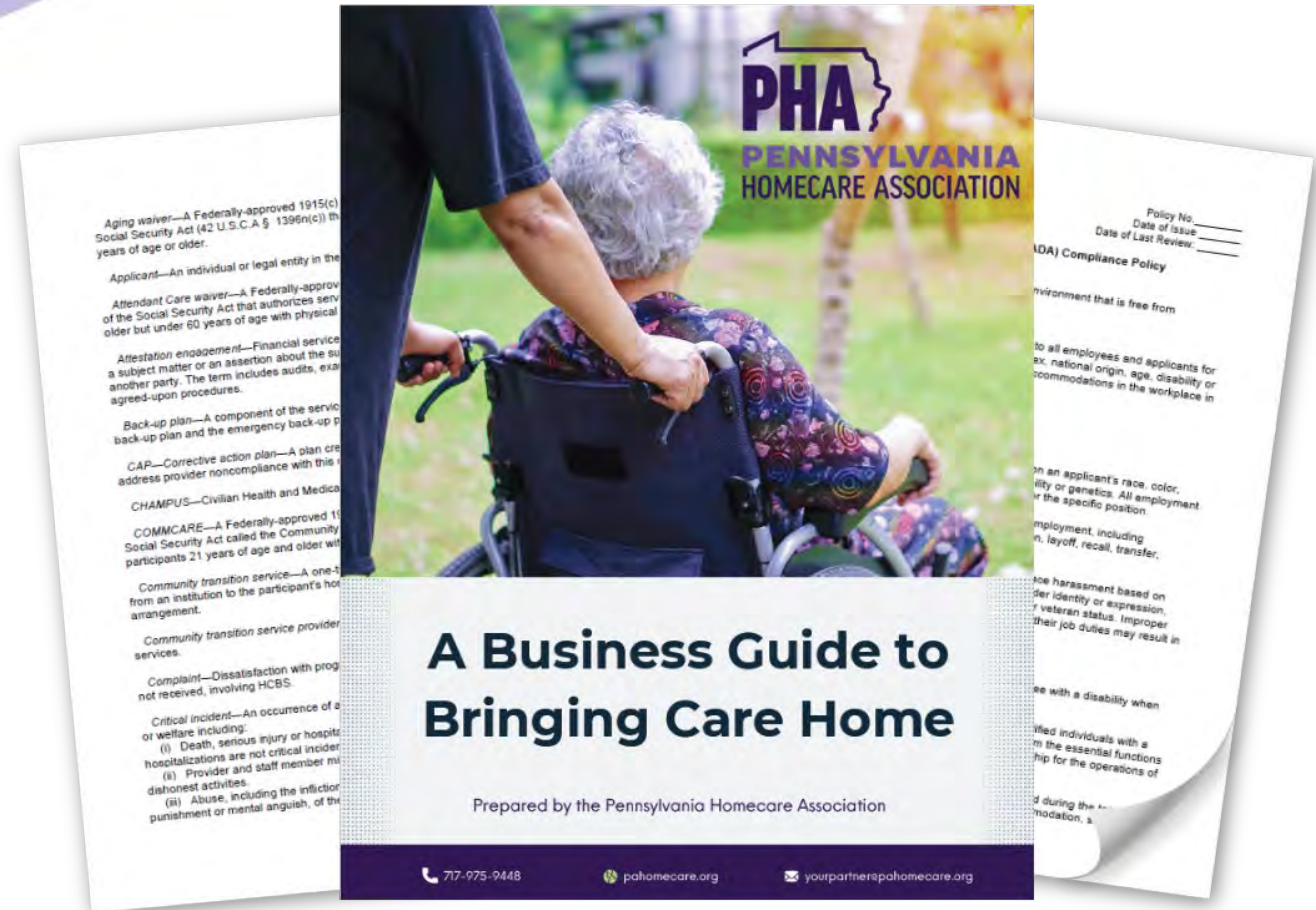
- The Pennsylvania Homecare Association (PHA) is thrilled to announce a **strategic partnership** with Nevvon, an industry leader in e-training solutions for the healthcare sector.
- Through this collaboration, Nevvon will power and support the association's online learning center, hosting more than 80 training videos for home care, home health and hospice workers.
- PHA will continue to manage MyLearning Center, create new content and support users on the platform.
- **The platform will continue to be FREE to all users!**
- To learn more, read our [press release](#).

Homecare 101 Guidebook

PHA's **Homecare 101 Guidebook** is designed to provide essential resources and insights for home care agencies to operate efficiently in Pennsylvania.

What's Included:

- Licensing & Regulations
- Medicaid Enrollment Process
- Compliance with State Regulations
- Billing & Reimbursement
- Staffing & Training Requirements
- Sample Documents & Policies



Unlock Excellence in Care with PHA's New Homecare 101 Guidebook!

Learn More at [PAhomecare.org/provider-support/homecare-101/](https://pahomecare.org/provider-support/homecare-101/)

Home Care Grant – Record Use!

The Pennsylvania Foundation for Home Care and Hospice is a 501(c) 3 non-profit organization created to promote and support home health, home care, and hospice services in Pennsylvania.

The Home Care Grant provides temporary care to individuals who demonstrate a need for home and community-based services but are not yet receiving or are not eligible for services through other payment programs, such as Medicaid.

Donations Needed: We have seen an increased need in the usage of the grant causing a need for increased fundraising!

Individuals Served		
2022	2023	2024
2	16	60 (+ applicants pending)



Help individuals get off the waiting list!

Please consider making a **tax-deductible** donation today to help those in need.



To share on **LinkedIn**, click **this link**.

Exclusive Discounts

Unlock exclusive benefits with your PHA membership! Enjoy discounts on consulting, insurance, technology solutions, accreditation, workforce development, and much more.

Featured Programs:

- **Pennsylvania Home Care and Human Services Workers' Compensation Trust/AVI Risk Services**
A self-insurance group trust developed specifically for home care and community-based organizations, exclusive to PHA members. Save up to 10% compared to fully insured plans.
- **Vitable**
A simplified, affordable TB testing program tailored for home care organizations facing costly and complex health plans. Exclusive PHA pricing on TB QuantiFERON tests ranges from \$55–\$80, with an additional \$5 discount for Vitable customers. Further savings are available with Vitable's fully ACA-compliant health benefits.
- **ColdTree**
A full-service advertising agency offering automotive advertising, direct mail marketing, radio & TV production, website development, and promotional materials. PHA members receive preferred pricing on thousands of promotional products, with a percentage of proceeds supporting the Pennsylvania Foundation for Home Care and Hospice.

[Check out our full list of exclusive discounts here!](#)



Consulting & Recruitment

NEW!

PHA is launching new consulting and recruitment services to better support our members!

- End to End Project Management Services
 - Process optimization & streamlining
 - Resource optimization
 - Risk assessments & mitigation strategies
 - Software, system & process rollout
- Social Media Management
 - Content creation & engagement
 - Set-up & maintenance
- Recruitment Solutions
 - Marketing & candidate sourcing
 - Permanent placements
 - Recruitment coaching



E-mail yourpartner@pahomecare.org to get started!



2024 ADVOCACY

2024 Legislative Wins!



SB1080 – LPN Death Pronouncements in Hospice

Amends the Vital Statistics Law to allow LPNs to make death pronouncements.
[PHA Summary Flyer](#)



HB155 – Virtual Interviews For Direct Care Workers

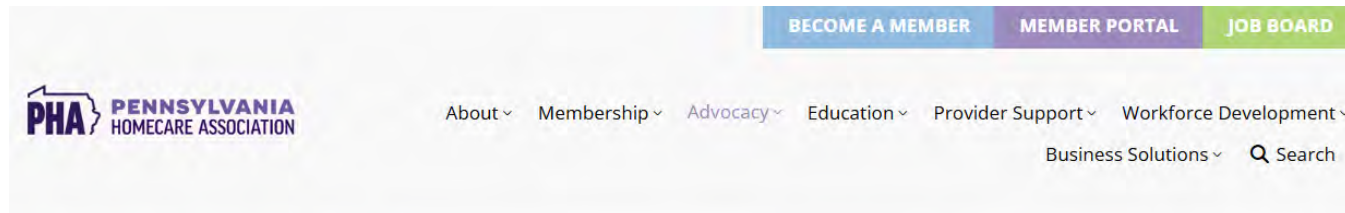
Amends the Health Care Facilities Act to allow the use of two-way video technology to fulfill the face-to-face interview requirement for DCWs.
[PHA Summary Flyer](#)

***PHA wrote and introduced the above pieces of legislation
with the support and inspiration of our members!***

PHA Advocacy In Action

- Advocacy
- Key Issues
- Take Action
- HomePAC
- PHA Advocacy**
- Mission Moments

Follow our Advocacy Actions on our website! New Comment Letters and Tools posted regularly!



PHA ADVOCACY

PHA regularly comments on proposed legislation and regulations to ensure that home care, home health and hospice is represented. Comment letters and provider feedback help lawmakers and regulators to understand how these proposals affect our industry and are an important part of advocacy.



General

OAPSA Testimony

September 17, 2024

Waiver Amendment Comments

July 14, 2024

Mandatory Meal Breaks Letter

June 24, 2024

Home Care

PHA Comment Letter for Rate Increase OLTL

June 27, 2024

OLTL Rate Study Letter

June 17, 2024

HB 2372 Letter

June 7, 2024

PHA Position Agency Accountability and Livable Wages for Home Care Workers

May 9, 2024

CMS Final Rule on Medicaid Access Threatens the Longevity of Home-Based Care

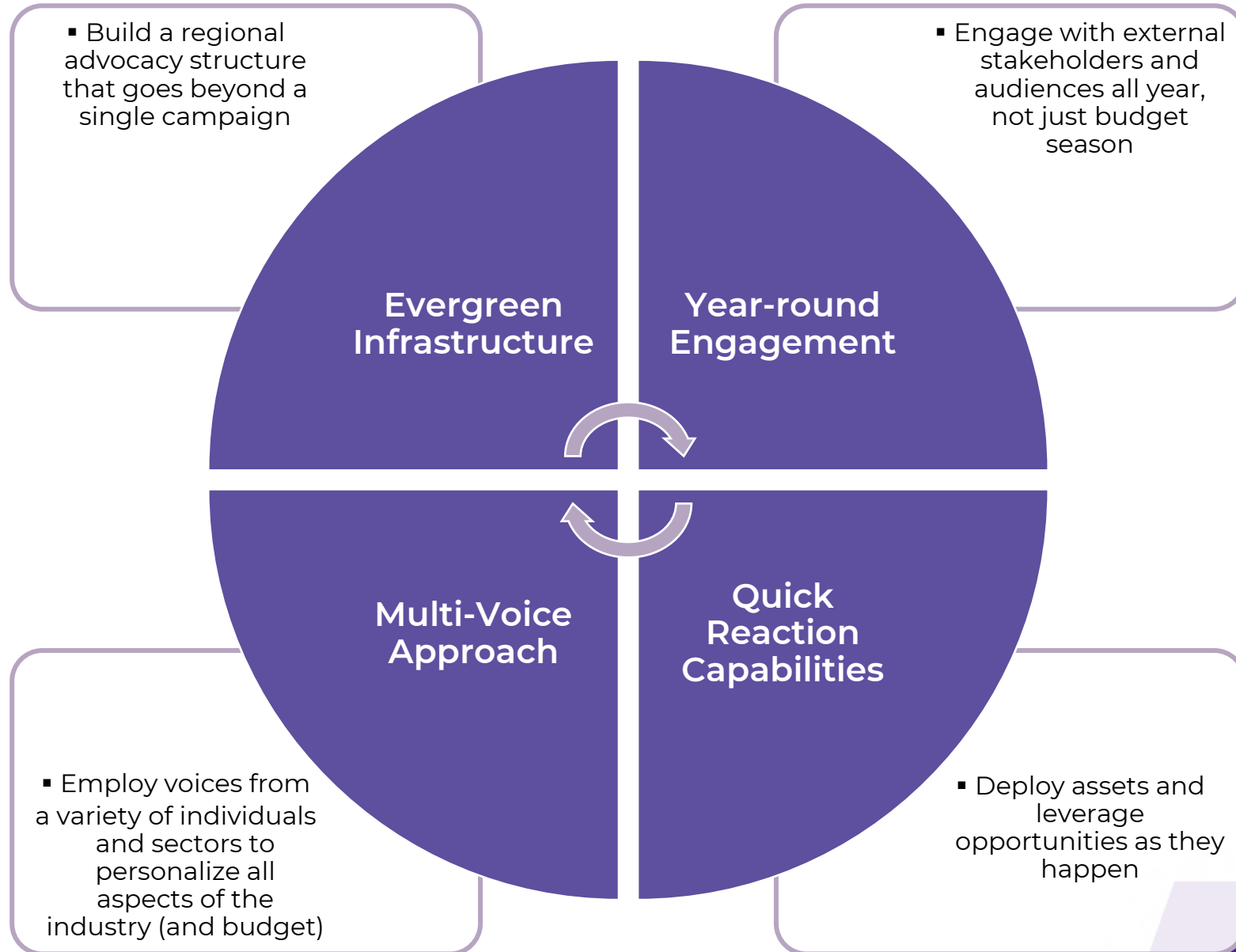
May 1, 2024

Home Health & Hospice

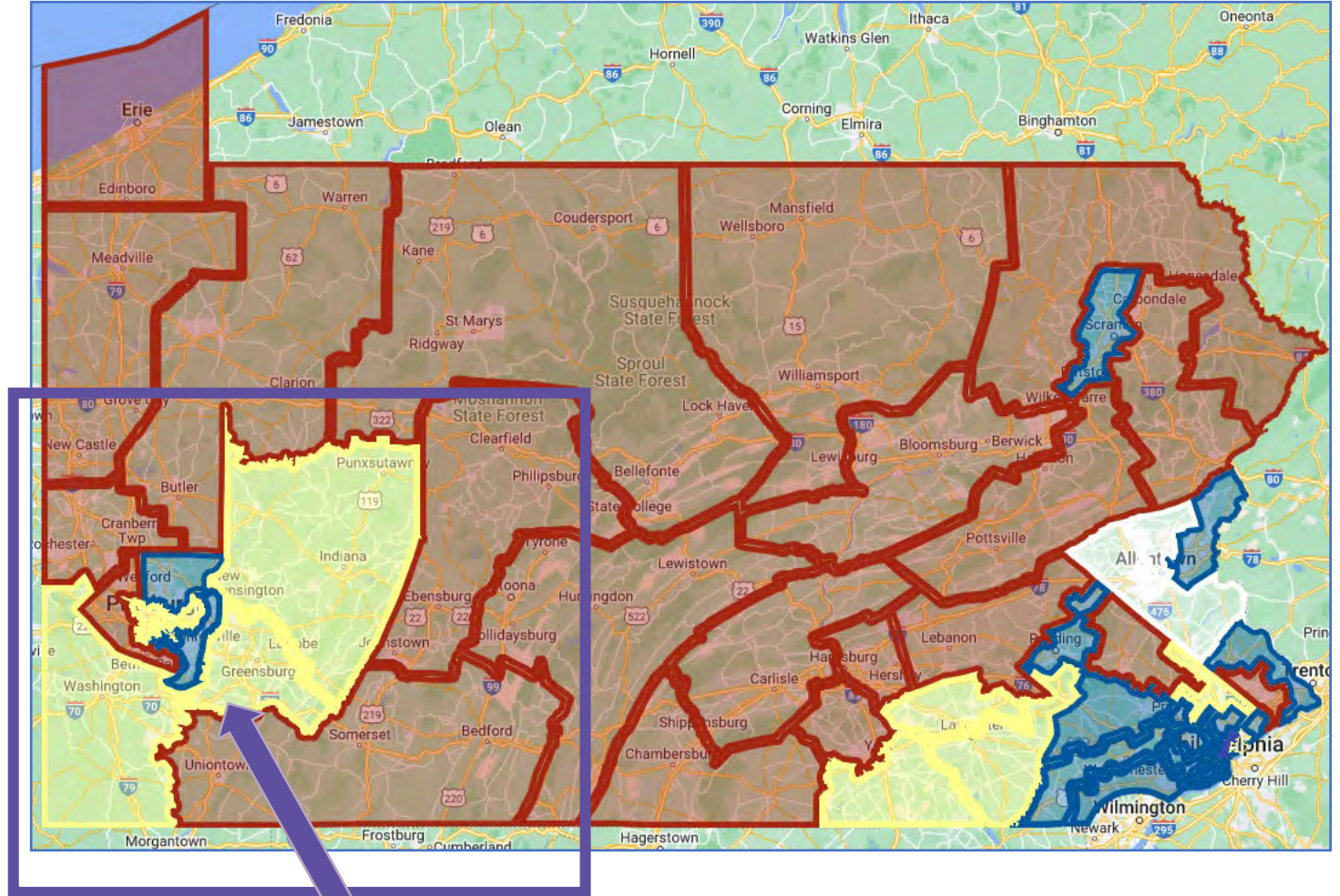
Memo: HB 2247 Workplace Violence Prevention Act

July 2, 2024

Guiding Principles



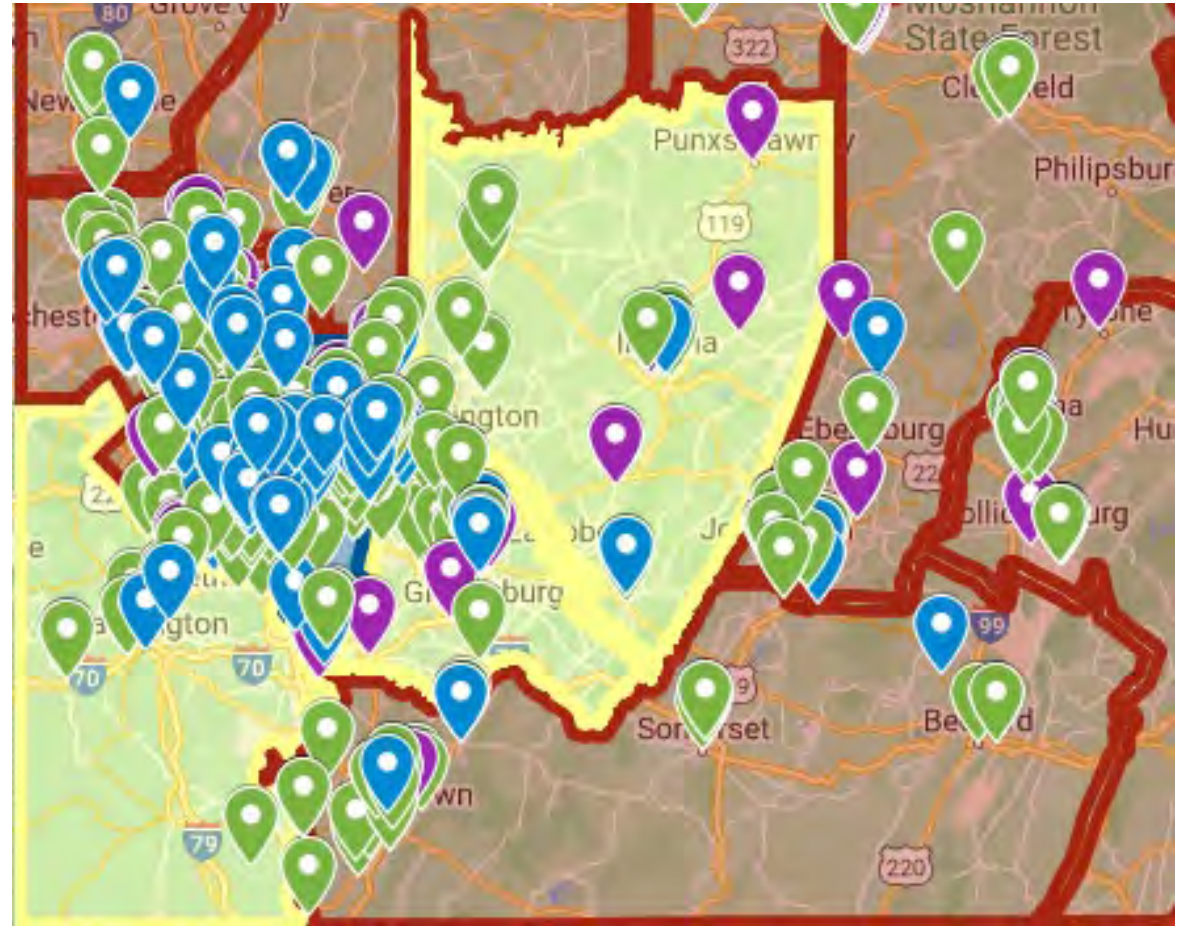
REGIONAL EXAMPLE



Red =Republican
Blue=Democrat
Yellow= Leadership
White= Freshman

5 members
of Senate
leadership

REGIONAL EXAMPLE



Red = Republican
Blue = Democrat
Yellow = Leadership
White = Freshman

Green Pin = Home Care
Blue Pin = Hospice
Purple Pin = Home Health

REGIONAL EXAMPLE

Example Goals:

- All goals at next two levels roll up
- % of overall legislators touched
- % of overall membership engaged

Region
Chair

Example Goals:

- # of districts touched in month
- % of districts touched overall
- # of OpEds placed

SD Captain

SD Captain

Example Goals:

- # of membership engaged
- # of letters to the editor placed
- # of handwritten letters to legislator sent

LD Director

LD Director

LD Director

Legislative & Regulatory Recap

GENERAL

GENERAL

- DOL Final Rule Overtime
- Non-Competes
- Electronic Visit Verification (EVV)

DOL Final Rule: Overtime

- The Department of Labor's (DOL) Final Rule increases the salary threshold for overtime exemption for certain employees effective July 1, 2024
 - Increases the salary threshold for exempt workers from \$684 per week to \$844 per week, with a further increase to \$1,128 per week on January 1, 2025.
 - For highly compensated employees (HCEs), the threshold will rise from \$107,432 per year to \$132,964 per year on July 1, 2024, and to \$151,164 per year on January 1, 2025.
- Earlier 2016 rule was invalidated
- Two lawsuits have been filed in the U.S. District Court arguing that the DOL has overstepped its authority
 - One lawsuit included a motion for a temporary restraining order to immediately halt the rule's implementation, which did not prevail for larger national community
- Home care employers in PA should ensure compliance!
 - Employers with exempt employees who will fall below the new salary thresholds after July 1 must decide whether to reclassify these employees as non-exempt or raise their salaries, assuming the duties test applies

Non-Competes

- Earlier this year, the Federal Trade Commission (FTC) proposed a ban on non-competes set to take effect September 4.
- PHA opposed the FTC's non-compete rule during the rulemaking process, raising concerns about its potential impact on the home care, home health and hospice industries.
- In August, Judge Ada Brown of the U.S. District Court for the Northern District of Texas ruled that the Federal Trade Commission (FTC) had overstepped its power when it approved the ban on non-competes set to take effect September 4. This ruling applied nationally and halted further action on this proposed ban.

"The Federal Trade Commission (FTC) lacks substantive rulemaking authority with respect to unfair methods of competition. The role of an administrative agency is to do as told by Congress, not to do what the agency think[s] it should do."

Electronic Visit Verification

- Section 12006(a) of the **21st Century Cures Act** (the Cures Act) requires states to implement EVV for all Medicaid PCS (personal care services) and HHCS (home health care services) requiring an in-home visit by a provider.
- January 1, 2020: Personal Care Services implemented EVV
- January 1, 2024: Home Health Services implemented EVV
- Current Compliance Requirement: 50%
- **Compliance Requirement as of January 1, 2025: 85%**
- Penalties and potential disenrollment from the program for non-compliance were announced in August 2024 [OLTL, OMAP, ODP combined EVV bulletin](#).

Avoiding Takebacks With EVV

- EVV Toolkit coming later this year!
 - Supports providers in educating caregivers about EVV and supports compliance initiatives.
- Special Investigation Units (SIU) at MCOs are focused on EVV for fraud, waste and abuse detection resulting in significant takebacks for providers. Common take back areas are documented below:
 1. IVR or telephony use MUST be from a landline telephone. Clocking in/out via IVR (calling an 800 number) from a cell phone, whether it belongs to the customers or the employees, will result in takebacks during an audit
 2. AmeriHealth Caritas requires signatures from customers, but not all signature methods are acceptable (see [acceptable signature formats here](#)).
 3. Manual edits must include all required elements (see following slide)
 4. Clock in/out without sufficient tasks to verify the work performed

CHC Manual Edits

	AmeriHealth Caritas/ Keystone First	PA Health & Wellness	UPMC
Provider Name	X	X	X
DCW Printed Name	X	X	X
Participant Name	X	X	X
Date of Service	X	X	X
Location of Services	X	X	X
Start Time	X	X	X
End Time	X	X	X
Total Hours Worked	X	X	X
Services Provided (Scope/Tasks)	X	X	X
Employee Signature & Date	X	X	X
Participant Signature & Date	X	X	
Agency Signature, Title & Date	X		
Last 4 digits of DCW SSN	X		
Participant Medicaid ID	X		
Provider EIN	X		

PHA is working with Health Choices MCOs to create a similar crosswalk

EVV Compliance Tips for HHAeXchange Users

HHAeXchange Enterprise Settings Users Should Consider:

- Disable: "Visit Confirmation Rounding"
- Disable: "Auto-Round Overlapping Shifts"
- Enable: "Automatic Splitting"
- Enable: "Offline Option"
- Enable: Single Clock In/Out for Consecutive Shifts (for two consecutive shifts with different billing rates. The caregiver ONLY has to clock in at the beginning of the first shift and clock out at the end of the second shift if this setting is enabled.)
- Lengthen "Tolerance Range" for scheduled time a caregiver can clock in and out
- Automatically adjust schedule to match confirmation times (this can help with billing, but it may cause issues with EVV and Authorizations)
- Count refused duties toward compliance totals (this will indicate that the caregiver attempted the task, but the client refused, and it will still count as a completed duty)
- Allow caregivers to mark a visit as a community visit (This will allow caregivers to select that it's a community visit and should not then count against EVV. While we haven't tested this yet, we know other agencies have)

Legislative & Regulatory Recap

HOME HEALTH & PDN

Home Health Services

- [CY2025 Proposed Rule](#)
 - Additional Proposed Payment Cuts
 - Quality Reporting Measures, Provider Oversight
 - Advocacy Efforts
- Expanded HHVBP Model – CY 2024 Reporting, 2025 Impact

Private Duty Nursing

- The Continuous Skilled Nursing Quality Improvement Act of 2024 (S 4122)
- PHA Advocacy Priority: Private Duty Nursing (PDN) Reimbursement Rates
- PDN – Current Rates

CY2025 Home Health Proposed Rule: Payment Rate Changes

1. A **-4.067% budget neutrality permanent adjustment** to the home health base payment rate
 - **One-half of the remaining adjustment from CY2024** equaling 2.89%
 - **Additional 2023 data year adjustment** of 1.125%
 - **Recalibration of the 432 case mix weights** as CMS has done multiple times in recent years. The recalibration leads to a separate budget neutrality adjustment in the payment rates of 1.0035%
 - **Modification of wage index weights and wage index area designations** leading to a budget neutrality adjustment of 0.9885%.
2. A net **2.5% inflation** update
 - *Note: CMS continues to refuse to recognize its unprecedented forecasting error in CY2022 and 2023 rates where the inflation update fell far short of reality by a cumulative 5.2%.*
3. The qualifying **Fixed Dollar Loss ratio for outlier payment is increased from the current 0.27 to 0.38**. This proposal would decrease the number of episodes qualifying for outlier payment.

Overall, CMS estimates that the Proposed Rule will **decrease** CY2025 Medicare spending by \$280 million

1. +\$415 million inflation update
2. – \$595 million rate adjustment
3. – \$100 million outlier FDL change

The outcome of these payment rate changes on 30-day period base rates and per-visit LUPA rates is as follows.

TABLE 34: CY 2025 NATIONAL, STANDARDIZED 30-DAY PERIOD PAYMENT AMOUNT

CY 2024 National Standardized 30-Day Period Payment	Permanent Adjustment Factor	Case-Mix Weights Recalibration Budget Neutrality Factor	Wage Index Budget Neutrality Factor	CY 2025 HH Payment Update Factor	CY 2025 National, Standardized 30-Day Period Payment
\$2,038.13	0.95933	1.0035	0.9985	1.025	\$2,008.12

The per visit payment amounts are not affected by the budget neutrality adjustments other than the effect of wage index changes.

TABLE 36: CY 2025 NATIONAL PER-VISIT PAYMENT AMOUNTS

HH Discipline	CY 2024 Per-Visit Payment Amount	Wage Index Budget Neutrality Factor	CY 2025 HH Payment Update Factor	CY 2025 Per-Visit Payment Amount
Home Health Aide	\$76.23	0.9991	1.025	\$78.07
Medical Social Services	\$269.87	0.9991	1.025	\$276.37
Occupational Therapy	\$185.29	0.9991	1.025	\$189.75
Physical Therapy	\$184.03	0.9991	1.025	\$188.46
Skilled Nursing	\$168.37	0.9991	1.025	\$172.42
Speech-Language Pathology	\$200.04	0.9991	1.025	\$204.86

CMS also proposes to modify LUPA add-on factors and establish such for OT LUPA only episodes.

TABLE 38: CURRENT AND PROPOSED LUPA ADD-ON FACTORS

Discipline	Current LUPA Add-on Factors	Proposed LUPA Add-on Factors Using Data from CY2023	Percent Change from Old to New	Average Excess of Minutes for the First Visit in LUPA Periods	Average Minutes for All Non-First Visits in Non-LUPA Episodes
SN	1.8451	1.7227	-6.6%	30.00	41.51
PT	1.6700	1.6247	-2.7%	28.18	45.11
SLP	1.6266	1.6703	+2.7%	31.59	47.13
OT	1.6700	1.7266	+3.4%	33.40	45.97

Note: HHAs who fail to submit quality data will experience an additional 2% reduction in rates.

Will Payment Cuts Continue?

CMS provides a full historical accounting of the PDGM budget neutrality adjustments. Notably, adjustments but at reduced levels each year.

Still indicates that permanent adjustments are likely to continue through the end data year of 2026 under the CMS model.

**TABLE 18: SUMMARY OF PERMANENT ADJUSTMENTS
FOR CYS 2020 – 2026**

Claims Analysis Year	Base Payment Rate for Assumed Behaviors (Actual Amount Paid to HHAs in the Claims Analysis Year)	Base Payment Rate that Reflects Actual Behavior Changes (As Determined After Later Claims Analysis)	Total Permanent Adjustment Between Assumed and Actual Behavior Rates*	Permanent Adjustment CMS Finalized and Implemented in Rulemaking
CY 2020	\$1,864.03	\$1,742.52	-6.52%	n/a
CY 2021	\$1,901.12	\$1,751.90	-7.85%	-3.925% applied to CY 2023 rates
CY 2022	\$2,031.64	\$1,839.10	-5.78%	-2.890% applied to CY 2024 rates
CY 2023	\$2,010.69	\$1,873.17	Proposed -4.067%	-4.067% proposed to be applied to CY 2025 rates
CY 2024	\$2,038.13	TBD	TBD	TBD
CY 2025	TBD	TBD	TBD	TBD
CY 2026	TBD	TBD	TBD	TBD

Notes: With the prospective payment systems, the claims data analyzed differ from the rulemaking cycle. For example, CY 2020 claims are used in CY 2022 rulemaking.

*The total permanent adjustment accounts for prior adjustments that were finalized and implemented through rulemaking.

CY2025 Home Health Proposed Rule: Measure Changes & Oversight

Home Health (HH) Quality Reporting Program (QRP) : CMS proposed adding four new SDOH items (living situation, food, utilities) and modifying the transportation item for the CY 2027 HH QRP via OASIS. They also proposed changing the all-payer data collection to begin at the start of care rather than at discharge. Additionally, CMS sought input on future HH QRP measure concepts.

Home Health Conditions of Participation (CoPs): CMS introduced a new requirement for HHAs to develop and maintain a patient acceptance policy based on care needs, staffing, and caseload. HHAs must also publicly disclose key service information, which must be updated annually.

Enhanced Provider Oversight: CMS plans to impose a provisional period of enhanced oversight for reactivating providers, aimed at reducing fraud and abuse.

CMS RFIs: CMS sought feedback on future rulemaking for HH QRP measures (vaccination, depression screening, pain management, substance use disorders), expanded HHVBP measures (family caregiver status, falls, Medicare spending), challenges impacting HHA services (staff availability, referrals), and whether rehabilitative therapists should perform initial assessments.

Legislative Efforts: Preserving Access to Home Health Act of 2023

Preserving Access to Home Health Act of 2023 ([S.2137/H.R. 5159](#))

Key Provisions:

Stops CMS Payment Cuts: The bill prevents CMS from implementing both permanent and temporary payment reductions under the Patient-Driven Groupings Model (PDGM) through 2026. These cuts, intended to be budget-neutral, have led to significant and unsustainable payment reductions, threatening the viability of home health services..

Instructs MedPAC to Analyze Home Health Program: The bill requires MedPAC to evaluate trends in Medicare Advantage, Medicaid, and other payers to assess their impact on Medicare home health access. It mandates transparency in MedPAC's calculations and updates their reports to include key data on visit utilization and total payments.

TAKE ACTION!

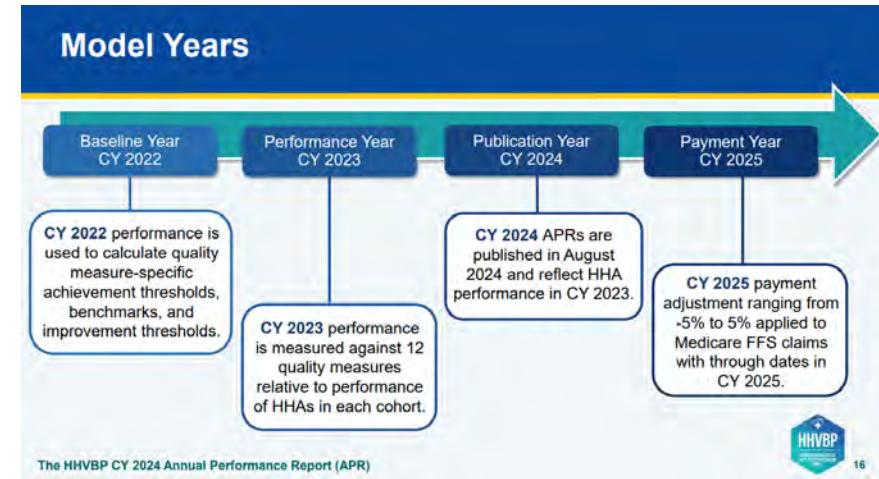
Expanded HHVBP: CY 2024

2024 Key Events for Expanded HHVBP Model:

- **Interim Performance Reports:** Issued to HHAs, providing early insights into performance.
- **Preliminary Annual Performance Report (September 2024):** Offers a comprehensive look at HHA performance, allowing for adjustments before final evaluation.
- **Final Annual Performance Report (November 2024):**
- Finalizes quality scores, influencing CY 2025 payment adjustments.

Impact:

- **Performance Transparency:** Helps HHAs assess their quality and make improvements.
- **Planning for 2025:** Data informs 2025 payment adjustments.
- **Guidance for Future Improvements:** Identifies strengths and areas for improvement for HHAs.



Expanded HHVBP: Quality Measures

Table 2. Current Measure Category Weights by Quality Measure in the Expanded HHVBP Model

Measure	Current Measures (CY 2024)		New Measures (CY 2025)	
	Larger-Volume Cohort	Smaller-Volume Cohort	Larger-Volume Cohort	Smaller-Volume Cohort
OASIS-Based Measures				
Discharged to Community (OASIS-Based)	✓	✓	—	—
Improvement in Dyspnea	✓	✓	✓	✓
Improvement in Management of Oral Medications	✓	✓	✓	✓
Total Normalized Composite (TNC) Change in Mobility	✓	✓	—	—
Total Normalized Composite (TNC) Change in Self-Care	✓	✓	—	—
DC Function	—	—	✓	✓
Sum of OASIS-Based Measures	35.000	50.000	35.000	50.000
Claims-Based Measures				
Acute Care Hospitalizations	✓	✓	—	—
Emergency Department Use Without Hospitalization	✓	✓	—	—
Potentially Preventable Hospitalization	—	—	✓	✓
Discharged to Community (Claims-Based)	—	—	✓	✓
Sum of Claims-Based Measures	35.000	50.000	35.000	50.000

Measure	Current Measures (CY 2024)		New Measures (CY 2025)	
	Larger-Volume Cohort	Smaller-Volume Cohort	Larger-Volume Cohort	Smaller-Volume Cohort
HHCAHPS Survey-Based Measures				
Care of Patients	✓	—	✓	—
Communications Between Providers and Patients	✓	—	✓	—
Specific Care Issues	✓	—	✓	—
Overall Rating of Home Health Care	✓	—	✓	—
Willingness to Recommend Agency	✓	—	✓	—
Sum of HHCAHPS Survey-Based Measures	30.000	—	30.000	—

The Continuous Skilled Nursing Quality Improvement Act of 2024 (S 4122)

Private Duty Nursing (PDN) focused legislation that will:

- Redefine PDN services under the code of regulations as “Continuous Skilled Nursing” (CSN) to ensure all entities are referring to the same population when referencing the service.
- Creates appropriate and consistent national standards for PDN.
- Currently, CMS and state Medicaid agencies use Medicare’s outdated Conditions of Participation (COPs). COPs are geared toward intermittent nursing visits for older adults, not the PDN/CSN population.
- This bill would remove COPs requirements for these services and establish a CMS-sponsored stakeholder coalition to create national standards of care more appropriate for the PDN/CSN population.

Private Duty Nursing: Reimbursement Rates

[PHA Summary Flyer](#)

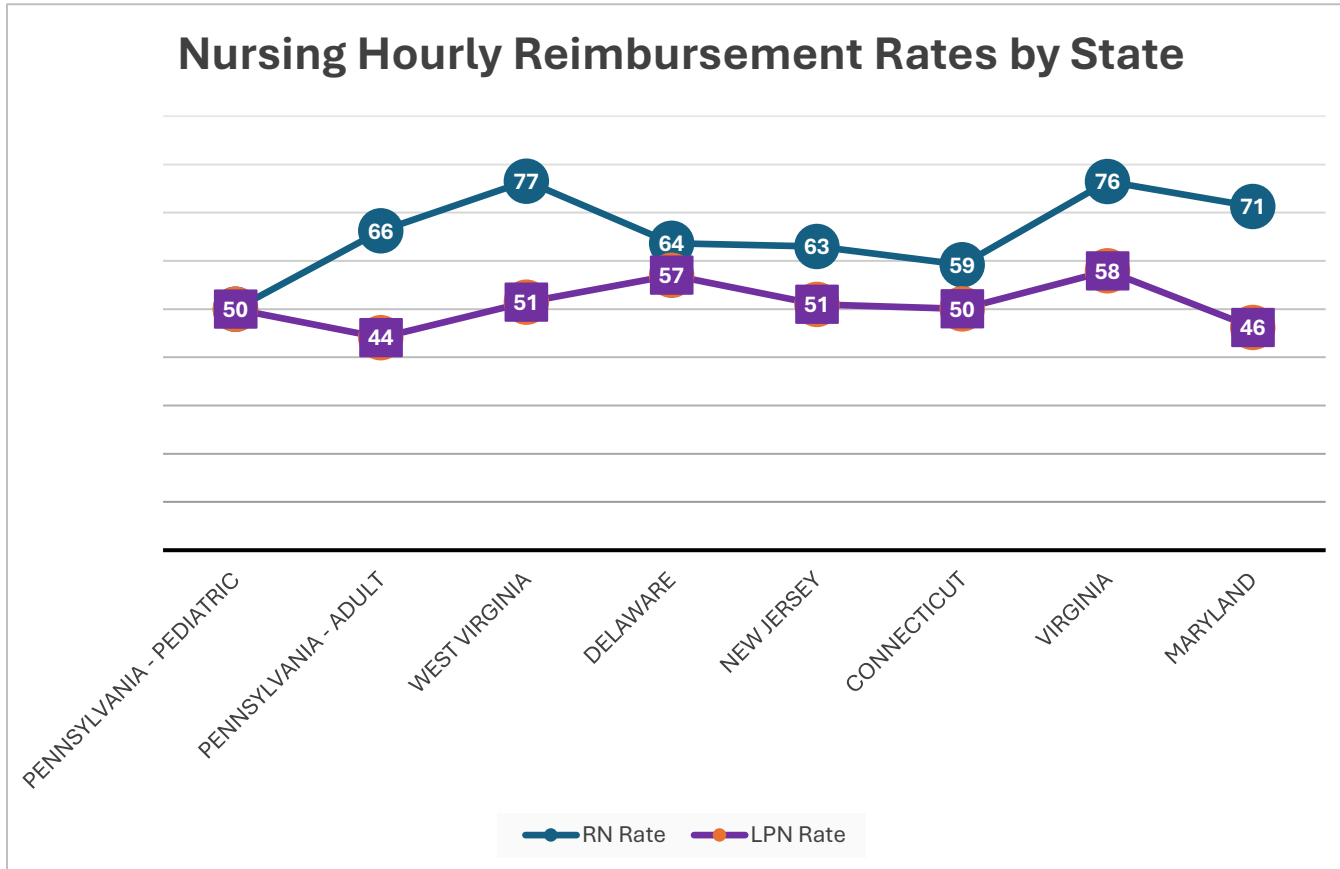
- 2024: Requested increase to nursing rates to a blended RN/LPN rate of \$55/hour for OMAP and OLTL programs, with an estimated ~\$32.4M impact to state budget.
- 2024: Requested increase to home health aide rates from \$27.36 to \$30.10 per hour, with an estimated ~\$5.7M impact on the state budget.

[Menges Report \(Menges One-Pager\)](#)

- Pennsylvania's Medicaid payment rates for shift nursing services are lower than typical Medicaid rates nationally, ranking behind New Jersey, Maryland, Delaware, and Ohio for LPN services.
- 30 states have higher average Medicaid FFS payments for PDN services than Pennsylvania.
- Enhanced rates will add substantial capacity to deliver shift nursing services.
- 97% of the added costs to the state from increased reimbursement rates are offset with decreased inpatient hospital days.
- If the PDN nursing capacity increases, costs savings occur.
- Recommended Blended Rate: \$59.05.

Current State of Nursing Rates

Nursing Hourly Reimbursement Rates by State



State	RN Rate	LPN Rate
Pennsylvania - Pediatric	\$ 50.00	\$ 50.00
Pennsylvania - Adult	\$ 66.20	\$ 44.08
West Virginia	\$ 76.54	\$ 51.44
Delaware	\$ 63.66	\$ 57.04
New Jersey	\$ 63.00	\$ 51.00
Connecticut	\$ 59.17	\$ 50.06
Virginia	\$ 76.46	\$ 57.92
Maryland	\$ 71.27	\$ 46.18

HOSPICE

Hospice

- [FY2025 Final Rule](#)
- HOPE Instrument
- Special Focus Program

FY2025 Hospice Final Rule: Payment Updates

2.9% Payment Increase

- Estimated \$790 million increase from FY 2024

Advocacy: Welcome, but insufficient. Hospice saves Medicare billions annually.

Hospices Not Submitting Quality Data

- Payment rate reduction of 4%
- Finalized update results in -1.1% for non-reporting hospices

Wage Index Updates

- Adjustments based on 2020 Census data
- 5% cap on wage index decreases to avoid drastic reductions

Advocacy: PHA advocating for rural floor and geographic reclassification protections

FY2025 Hospice Final Rule: Measurements

Hospice Quality Reporting Program (HQRP) Updates

- **New Process Measures (FY 2028):** Timely Follow-up for Pain Impact and Non-Pain Symptom Impact, measuring follow-up visits within 48 hours of assessment for moderate or severe symptoms.
- **HOPE Patient-Level Data Tool (FY 2025):** Replaces the Hospice Item Set (HIS), collecting data at multiple points throughout the hospice stay. New/expanded domains include updated sociodemographic, expanded diagnoses, symptom impact assessment, skin conditions, and imminent death.

Advocacy: Implementation timeline with sufficient runway for EMR integration, staff training, etc.

- **Hospice CAHPS Survey Updates:** Includes a new web-mail mode, a shortened survey, a new Care Preferences measure, and revisions to existing measures.

Advocacy: Implementation timeline with effective date 1/1/26

HOPE Tool Implementation

Launching October 1, 2025

Purpose

- Standardizes assessments, improving care planning and quality measurement
- Provides CMS data for future quality measures and payment reform

Replaces Hospice Item Set (HIS)

- Keeps core HIS elements and adds new domains (e.g., Symptom Impact, Imminent Death, Skin Conditions)

Data Collection Points

- Collected at admission, discharge, and up to three update visits during the hospice stay.

Impact on Providers

- Providers must integrate HOPE into their software while maintaining CoP content.
- Staff training and preparation are key

Compliance & Submission

- 90% of HOPE data must be submitted within 30 days of key visits.
- Non-compliance could result in a 4% payment reduction

FY2025 Hospice Final Rule: Technical Updates

Hospice Conditions of Participation (CoPs) and Payment Requirements Technical Updates

- **Medical Director & Physician Designee Clarifications:** CMS finalizes technical changes to CoPs to allow physician members of the interdisciplinary group (IDG) to certify terminal illness and patient eligibility for hospice care. Changes also update “physician designated by” to “physician designee.”
- **Certification & Admission Requirements:** CMS clarifies that if the medical director is unavailable, the physician designee can certify terminal illness and determine hospice admission.
- **Election Statement & Notice of Election (NOE) Updates:** CMS finalizes updates to the election statement and NOE regulations to better distinguish requirements, with no changes to current policy.

Hospice Special Focus Program

The Hospice Special Focus Program (SFP) identifies and closely monitors hospices with poor performance based on quality indicators, offering oversight and improvement opportunities. Hospices that fail to meet compliance may face termination from the Medicare program. [QSO-25-02](#) released Oct. 4, 2024, outlines program implementation.

Identification of Hospices for SFP

Data Sources Used by CMS:

- Hospice Surveys: Recertification and substantiated complaints from the last 3 years.
- Hospice Care Index (HCI): Overall Score based on Medicare claims data.
- CAHPS® Hospice Survey Index: Measures related to caregiver experience:
 - Help for Pain and Symptoms
 - Getting Timely Help
 - Willingness to Recommend Hospice
 - Overall Rating of Hospice

Selection Process

- **When:** SFP selection occurs in the last quarter of each calendar year
- **Who:** CMS identifies hospices that have billed Medicare in the last 12 months, selecting up to 50 hospices
- **Advocacy:** PHA, with federal partners, has expressed concern about the algorithm used to identify hospices who will be selected for the program. Despite advocacy, including Congressional effort, CMS is moving forward with the current algorithm.
- **Notification:**
 - Hospices will receive a CMS letter with expectations for completion.
 - Deemed hospices will temporarily lose their deemed status and be placed under CMS jurisdiction.

Hospice Special Focus Program

Surveys & Enforcement

- **Survey Frequency:** Hospices in the SFP will undergo standard surveys every 6 months, with follow-up surveys as needed and surveys for any new or existing complaints.
- **Enforcement Actions:**
 - Condition-level deficiencies may lead to enforcement remedies or termination tracks.
 - Progressive enforcement may apply as needed (State Operations Manual, Chapter 10).

Completion & Termination

- **Completion Criteria:**
 - Two consecutive surveys within 18 months without uncorrected Condition-Level Deficiencies (CLDs).
 - No pending complaints at the immediate jeopardy or condition-level.
- **Termination:** If a hospice does not achieve substantial compliance within required timeframes, it may face termination from the Medicare program.

Public Reporting

- **CMS will annually post:**
 - A list of hospices eligible for SFP
 - A list of hospices selected for the SFP
 - Status of hospices in the SFP (In Progress, Completed, or Terminated)

Home Care

- Medicaid Access Rule (80/20 Provision)
- CHC RFA
- Agency With Choice
- PHA Rates
- Waiver Amendments
- OAPSA
- OLTL Rate Study
- Slanderous Co-Sponsorship Memo (HB 2372)
- Medicaid Fraud Bill

Medicaid Access Rule (80/20 provision)

- Ensuring Access to Medicaid Services (Medicaid Access Rule)
- Promulgated by Centers for Medicare & Medicaid Services Department of Health and Human Services
- The proposed rule, *Ensuring Access to Medicaid Services*, is intended to:
 - Improve access to care, quality, and health outcomes
 - Better promote health equity for Medicaid beneficiaries
 - Increase transparency and accountability
 - Standardize data and monitoring
 - Create opportunities for states to promote active beneficiary engagement
- Timeline
 - Rule finalize May 10, 2024
 - Effective on July 9, 2024
 - Timeline for rollout of each provision over 6 years (see next slide)
- Important links:
 - Rule: [2024-08363.pdf \(federalregister.gov\)](#)
 - Fact Sheet: [Ensuring Access to Medicaid Services \(CMS 2442-P\)](#)

Medicaid Access Rule: Key Components

- 6 years** • Requires that at least **80% of Medicaid payments** for personal care, homemaker, direct service professional, and home health aide services be **spent on compensation** for direct care workers.
- 2 years** • States will be required to establish a **grievance process** for fee-for-service HCBS beneficiaries.
- 3 years** • Establishes a minimum definition of “**critical incident**” and minimum state performance and reporting requirements for investigation and action related to critical incidents. It also requires states to operate and maintain an electronic incident management system.
- 3 years** • Ensures that the **person-centered service plan** is reviewed and revised, at least every 12 months for at least 90% of individuals continuously enrolled in a state’s HCBS programs.
- 3 years** • Requires states to **report on waiting lists** in section 1915(c) waiver programs and on **service delivery timeliness** for personal care, homemaker, home health aide services, and habilitation services.
- 4 years** • Requires states to report every other year on the **HCBS Quality Measure Set**.
- 1.5 – 3 years** • **Requires states to publish Medicaid fee schedule rates** on a publicly available and accessible website. It also **requires states to publish the average hourly rate paid** for personal care, home health aide, homemaker, and habilitation services, and publish the disclosure every two years.
- 1 year** • States will be required to **establish and operate** the newly named **Medicaid Advisory Committee (MAC) and a Beneficiary Advisory Council (BAC)** one year after the rule’s effective date

Medicaid Access Rule: Important Points

- ODP Direct Service Professionals are excluded from the 80/20 reporting requirements, but are included in other components of the rule
- The final rule includes language about Medicaid Payment Adequacy
 - *Section 1902(a)(30)(A) of the Act requires State Medicaid programs ensure that payments to providers are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available to beneficiaries at least to the extent as to the general population in the same geographic area.*
- Self-Directed pay rates will not be included in the state's published 80% compliance
- There is a severability clause that if any part of the rule is held to be invalid or unenforceable or stayed pending further State action, it shall be severable and will not affect the remainder of other provisions.
- States can set exceptions to the 80/20 component including “small provider minimum performance levels”
- States can set 80/20 “hardship exemption” options for providers

Medicaid Access Rule: What's in the 80/20?

Included in the 80%:

- Salary
- Direct Wages
- Overtime payments
- Employer cost of payroll taxes
- Workers Comp and Unemployment Comp
- Workers' benefits
 - Health, dental
 - Life and disability Ins
 - Paid leave
 - Retirement
 - Tuition Reimbursement
- Other remuneration defined by FLSA
 - Travel Time
 - non-discretionary bonuses
 - shift differentials
 - hazard premiums
 - other incentive payments based on hours worked, production, or efficiency

NOT Included in the 80%:

- Training costs such as payment to trainers or cost for materials
- Mileage
- Public Transportation Subsidies
- PPE
- Anything administrative

Medicaid Access Rule: Advocacy Next Steps

80/20 Provision Talking Points:

- The proposal lacks statutory authority
- The proposal undermines state authority
- The proposal would create inequities across states
- There is no data or actuarial study to support the 80/20 division
- Carve out of self-direction does not support the spirit of the CMS intention to holistically support the workforce, as it eliminates a significant portion of the workforce
- The proposed rule would disproportionately impact small and rural providers
- Undue administrative burden for the states and for providers
- Does not significantly alter DCW compensation, which would be better addressed through Medicaid reimbursement rate studies

Next Steps for Advocacy:

- **Legislation HR 8114:** Introduced by Rep Kat Cammack (R-FL-3) and would place a moratorium to prevent CMS from finalizing the 80-20 provision in the Medicaid access rule. **DID NOT PREVAIL**
- Anticipate and supporting potential new legislation in 2025 to modify or eliminate 80/20 provision

RFA: CHC Managed Care Results

- On August 22, 2024, The Department of Human Services (DHS) announced applicants selected for statewide Community HealthChoices coverage included:
 - Aetna Better Health of Pennsylvania **NEW**
 - Health Partners Plans **NEW**
 - PA Health and Wellness
 - UPMC For You
 - Vista Health Plan (AmeriHealth Caritas/Keystone First)
- **HOLD** on further progress due to appeal filings
- Providers wishing to credential with the new plans can do so by contacting the following:
 - **Aetna Better Health of Pennsylvania:** PAMedicaidNetworkDevelopment@aetna.com
 - **Health Partners Plans:** seichelser@penadvisorygroup.com
(Note: HPP has partnered with Pendleton Advisory Group (PAG) to assist with network development for the CHC provider network.)
- Incumbent Managed Care Organizations (PA Health and Wellness, UPMC, and AmeriHealth Caritas/Keystone) have not shared any indication that they will be opening provider networks at this time. PHA will notify membership if this changes in the future.

Agency With Choice

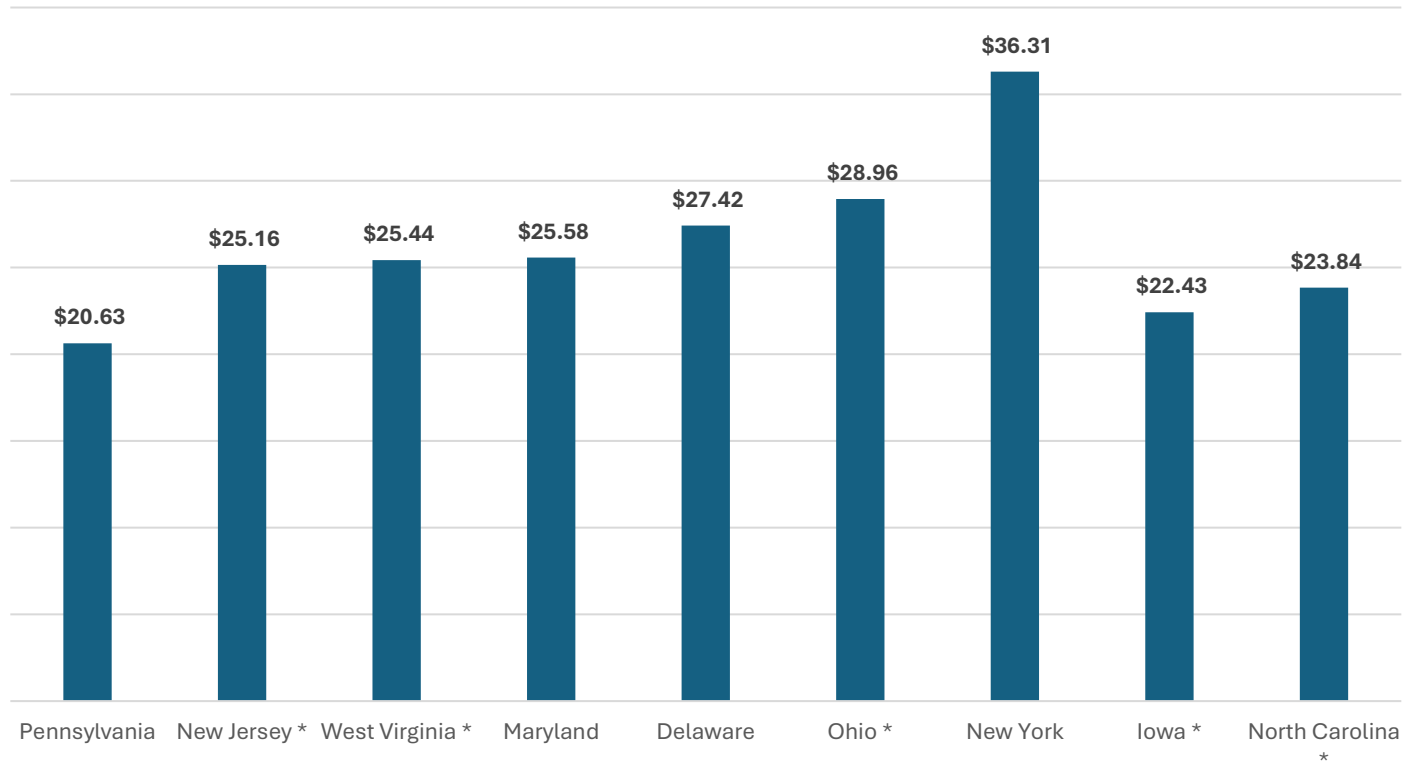
Background: In 2023, DHS introduced a new model of care called Agency With Choice. This program would allow a single DHS-selected provider to become the employer of DCWs and would give a minimum \$15/hour reimbursement. The statewide provider could not also provide agency services in PA.

Response:

1. A group of providers filed an appeal of the RFP. OLTL temporarily halted the review of bids received.
2. PHA filed a lawsuit
 - **Original complaint against DHS** included claims that the AWC Program violated Pennsylvania law because it was outside DHS's authority and was not properly introduced. The complaint also argued that the AWC Program violated certain Medicaid laws because, among other things, AWC was not in the waiver and the **AWC Program would reduce participants' choice of providers.**
 - **DHS argued that PHA lacked standing to assert those claims.** The Commonwealth Court disagreed with respect to the Pennsylvania law-based claims and has allowed those claims to proceed. However, the Commonwealth Court agreed PHA lacked standing to assert the Medicaid-based claims. Much of the Commonwealth Court's rationale was **based on their earlier decision in a case where it held that abortion providers lacked standing to challenge the Pennsylvania law**
 - In January 2024, the Supreme Court reversed the Commonwealth Court's decision about standing for the abortion providers and concluded that the providers could sue DHS. In light of this decision, PHA asked the Commonwealth Court to reconsider its previous order. DHS opposed that request, and we are now waiting for a ruling.

PAS Rates

Personal Care Rate By State



Current Rates by State

State	Personal Care Rate
Pennsylvania	\$ 20.63
New Jersey *	\$ 25.16
West Virginia *	\$ 25.44
Maryland	\$ 25.58
Delaware	\$ 27.42
Ohio *	\$ 28.96
New York	\$ 36.31
Iowa *	\$ 22.43
North Carolina *	\$ 23.84

* States in current OLTL Rate Study
States contiguous to PA

Average
\$25.17
\$28.15

Waiver Amendments

- OBRA Waiver Amendment and Community HealthChoices Waiver Renewal proposed and released for public comment
- Key Components:
 - Child abuse Clearance/FBI Fingerprinting expansion
 - Addition of chore services to CHC
- PHA submitted comment letter opposing expanded background checks, supporting chore services, and including a call to action for rate increases and regular rate studies
- Awaiting final amendments, to be announced on November 6th LTSS Sub-Committee Meeting
- Likely inclusion of child abuse clearance and FBI fingerprinting. Working to educate on unintended consequences for access to care
- Advocacy sheet created and shared with OLTL to educate on the impact of FBI Fingerprinting to the DCW hiring process and ultimately to care access for LTSS patients: [OLTL Waiver Amendment](#)

OAPSA

OAPSA financial exploitation bills have prompted the administration and the state legislature to revisit a comprehensive OAPSA rewrite

PHA [responded to](#) proposed Older Adult Protective Services (OAPSA) language.

- Oppose mandatory FBI fingerprints for all applicants/new hires through the Department of Aging
- Oppose Department of Aging acting as an employment clearinghouse for hire approvals
- Recommend consideration of proposed hiring bans of varying durations (5, 10, 25 years, lifetime) depending on the nature of convictions
- Advocate for provider immunity language
- Advocate for broad definition of a facility for consistency of applicability
- Advocate for grandfathering of current staff

PHA's feedback highlighted the draft's shortcomings in addressing current workforce grandfathering and ensuring provider protections in hiring decisions

PHA's advocacy aims to uphold consumer protections, ensure regulatory consistency in home care models, prevent increased provider costs, and streamline hiring processes

FBI Fingerprinting

1. Community HealthChoices Waiver Renewal AND OBRA Waiver Amendment

- Proposes FBI Fingerprinting through the Office of Children, Youth and Families when a child “is present” in the home versus current language which states when a child “resides” in the home

2. Older Adult Protective Services Act (OAPSA)

- Potential rewrite of the act underway to identify new list of prohibitive offenses for hiring (addressing the lifetime ban issue that was deemed unconstitutional in 2015)
- Current language supports FBI Fingerprinting through the Department of Aging for all hires

Department	Current Requirement	Proposed Requirement	IdentoGo Code	Cost
Department of Aging	Applicant who has lived outside of PA last two consecutive years	All new hires	1KG8RJ	\$25.25
Office of Children, Youth and Families	Applicants/employees where child(ren) under 18 reside in the home	Applicants/employees where child(ren) under 18 are present in the home	1KG756	\$25.25

OLTL Rate Study

What It Is: Mercer is conducting a **rate study** on behalf of the Office of Long-Term Living

Includes: **Personal Assistance Services (PAS)**, adult day, structured day habilitation, employment and training, and res habilitation services

PHA Advocacy:

[PHA submitted a letter](#) to OLTL and Mercer detailing the costs of providing care for PAS.

PHA submitted [questions](#) to enhance provider survey questions

PHA pressed OLTL to release FAQ document to support the provider survey

PHA pressed OLTL in 10/2024 to answer questions regarding why the provider survey was reopened

Timeline:

Expected release of finalized study during 10/02/24 LTSS SubCommittee Meeting

However, OLTL announced re-opening of provider survey, which is now open through mid-November

Expect results of study to be released by end of year.

Slanderous Co-sponsorship Memorandum

1. Representative Jessica Benham and Representative Jason Ortity issued a House Co-Sponsorship memorandum
 - The memorandum included uninformed claims and used language to paint agency providers as “wasteful and unethical” employers driven by “corporate greed”.
2. This memorandum was followed by **Proposed House Bill 2372, Agency Accountability and Livable Wages for PA’s Home Care Workers which** called for:
 - 16% increase for consumer direction
 - 10% increase for agency
 - 80% of public funds be used on worker compensation
 - Enhanced rate for a non-profit that uses 90%+ of public funds on workers compensation
3. PHA sent a letter to House Appropriations Chairmen sharing the following feedback:
 - Recommend Inclusive Rate Changes: Include OBRA and Act150, not just CHC
 - Recommend Uniform 16% Wage Increase
 - Support Every 3 Year Rate Review
 - Oppose 80/20 Mandate
 - Oppose Enhanced Rates for Non-Profit 90% Pass-Throughs
4. PHA will launch a 2025 PR campaign via social media, legislative grass roots efforts, opinion editorials and more to change the message from one of corporate greed to one focused on quality, investment in workforce, and innovation.

Medicaid Fraud Bill

- HB876 proposed in order to combat fraud, waste and abuse in the Medicaid system.
- Included duplicative reporting on Medicaid claims which included the same information already captured by Electronic Visit Verification requirements.
- Included requirement to institute mandated NPI numbers for unique identification of direct care workers.
- PHA educated committees about EVV and opposed bill as written, requesting an exception for those already mandated to provide these protections through EVV.
- Bill did not pass this session. Continue to monitor to ensure it is not revisited in future.



WORKFORCE DEVELOPMENT

State of the DCW Workforce

Key findings from the report include:

- Pennsylvania is the 4th largest DCW workforce in the Nation
- 15% of caregivers lack health insurance
- 55% of caregivers rely on public assistance
 - 32% specifically dependent on Medicaid
- 21% of caregivers report poor mental health
- Caregivers are significantly more likely to face physical health challenges, being 150% more likely to experience obesity, 200% more likely to suffer from cardiovascular disease, and 19% more likely to develop diabetes compared to the general population.



State	# of Active DCWs	DCW Job openings 2020-2030	Median Wage	Wage Competitiveness	People of Color	Immigrants	Uninsured	Low Income Household
California	873,280	1,414,200	\$15.44	-\$4.66	78%	47%	9%	28%
New York	584,260	1,069,900	\$16.88	-\$3.67	77%	58%	6%	33%
Texas	387,490	653,100	\$11.42	-\$5.29	79%	25%	36%	44%
Pennsylvania	260,730	376,800	\$14.41	-\$3.36	46%	16%	11%	32%

Source: [MissionCare Collective](#) "2024 & 2025 State of the DCW Workforce". To view the entire report, click [here](#).

Bringing Care Home

Launching November 14

- Bi-Monthly Workforce Newsletter launching this November! Tailored for field workforce readers, ensuring relevant and practical information.

- **Highlights & Benefits:**

- **Connection & Engagement:** Helps connect your employees to industry-wide news & updates, keeping them in the loop
- **Broad Spectrum of Topics:** The newsletter covers a wide range of subjects to address the diverse needs of your team, including:
 - **Advocacy:** Key advocacy efforts & legislative actions impacting the industry
 - **Career Development:** Opportunities for growth, including training & skill-building resources
 - **Education:** Access to valuable learning materials & insights to further knowledge in the field
 - **Good to Great Tips:** Practical advice to help your staff continuously improve their day-to-day work.
 - **Regulations:** Essential updates on regulations & compliance
 - **Safety Corner:** Best practices & tips for maintaining safety in the field
 - **Self-Care:** Resources to help employees manage stress & maintain well-being
 - *So Much More*

- **Enroll your Field Staff today!**



Caregiver Resource Hub

Coming soon

The PHA Caregiver Resource Hub will provide easy access to valuable tools and resources designed to enhance the well-being, financial security, and professional growth of caregivers across Pennsylvania.

Key Features

- EVV Toolkit
 - Electronic Visit Verification (EVV) resources, ensuring compliance and efficiency
- Financial Support Resources
 - Financial assistance programs, budgeting tools, and more
- Health & Wellness
 - Physical wellness, nutrition guides, virtual exercise programs, and more
- Mental Health Resources
 - Stress management, mental health, self-care, more
- *More to come!*



Caregiver Monthly Recognition Program

Coming soon

- PHA is partnering with Caribou to launch a monthly **Caregiver Recognition program in 2025**
- The program is still in development
- Primary categories for nominations
 - Caught in the Act
 - Exceptional Patient Care
 - Innovative Solutions
 - Quality Care
- Nominations will be accepted from family, office staff, colleagues, & more
- Stay tuned to Connections for more details



PHA Job Board

- Launched July 8th
- 50+ Postings and 325+ Applicants
- **NEW:** Postings allow you access to the Resume Bank
- PHA is an extension of your current recruitment process and will amplify your job postings
- **Current sale:** 50% off all job postings: Bundles, Featured, and Standard listings. Use code **50%OFF** at checkout. Expires 10/31

Standard VS Featured Job Ads

PHA Will Promote	Standard	Featured
CareerLink	X	X
Handshake	X	X
Social Media	X	X
Indeed & SimplyHired		X
Google Jobs		X
Pinned & Highlighted on PHA Job Board		X
Get.It Jobs		X
LinkedIn Jobs		X
Targeted Database & School Distribution		X

The screenshot shows the top navigation bar of the PHA Job Board website. On the left is the PHA logo (Pennsylvania Homecare Association). To its right is a dark blue button labeled 'POST A JOB'. Further right are two dropdown menus: 'EMPLOYERS' and 'JOB SEEKERS'. Below the navigation is a search bar with the placeholder text 'Search for career opportunities'. Inside the search bar, there is a search icon, the text 'Search by Keyword', and a location pin icon followed by the word 'Search'.

30 Day Listing	Non-member: \$100.00 Member: \$25.00
60 Day Listing	Non-member: \$150.00 Member: \$50.00
90 Day Listing	Non-member: \$200.00 Member: \$75.00
<i>Upgrade your listing!</i>	
FEATURED	Non-member: +\$50.00 Member: +\$50.00

Employer Resources

- PHA introduced a Recruitment Checklist designed to maximize candidate pipelines and enhance recruitment initiatives
- Additional Resources:
 - Creating the perfect job ad w/template
 - Creating a positive candidate experience
 - Leveraging AI in Recruitment
 - More
- To learn more about the recruitment checklist and other Workforce Development Employer Resources, [click here](#).



Recruitment Checklist

Is your organization leveraging these strategies to attract new talent and enhance your workforce? Please refer to the following list for ideas on how to optimize your recruitment initiatives and maximize your candidate pipelines.

E-Recruitment	Social Media	Pennsylvania-based
<input type="checkbox"/> Indeed <input type="checkbox"/> SimplyHired <input type="checkbox"/> Glassdoor <input type="checkbox"/> myCNAjobs <input type="checkbox"/> ZipRecruiter <input type="checkbox"/> Monster <input type="checkbox"/> Careerbuilder <input type="checkbox"/> Google Jobs <input type="checkbox"/> Professional Diversity Network <input type="checkbox"/> Workplace Diversity <input type="checkbox"/> snagajob <input type="checkbox"/> get.it jobs <input type="checkbox"/> next jobs	<input type="checkbox"/> LinkedIn <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Threads <input type="checkbox"/> X (Twitter) <input type="checkbox"/> TikTok <input type="checkbox"/> YouTube <input type="checkbox"/> Reddit <input type="checkbox"/> Snapchat <input type="checkbox"/> Pinterest <input type="checkbox"/> Tumblr <input type="checkbox"/> Vimeo <input type="checkbox"/> Nextdoor	<input type="checkbox"/> PHA Job Board <input type="checkbox"/> PA CareerLink <input type="checkbox"/> PA Workforce Development Boards <input type="checkbox"/> Newspapers & radio <input type="checkbox"/> Local TV <input type="checkbox"/> Job Fairs <input type="checkbox"/> PA Regional Refugee Social Service Providers <input type="checkbox"/> Keystone Job Corps <input type="checkbox"/> Geofencing Ads <input type="checkbox"/> PA based associations: Social Work, Student Nurses, PA Nurses, Physical Therapy, more
Students & Learners	Grassroots	Miscellaneous
<input type="checkbox"/> Colleges & Universities (Handshake, College Central, Symplicity) <input type="checkbox"/> Community Colleges <input type="checkbox"/> High Schools (Vocational, public, private, charter) <input type="checkbox"/> GED Programs <input type="checkbox"/> Career Fairs <input type="checkbox"/> Training programs: RN, LPN, CNA, HHA, MA, More <input type="checkbox"/> BareFoot Student <input type="checkbox"/> Host webinars or informational sessions about your roles, resume building & industry <input type="checkbox"/> Alumni outreach	<input type="checkbox"/> Employee referral & discount programs <input type="checkbox"/> Bulletin Boards (coffee shops, laundromats, grocery stores) <input type="checkbox"/> Local newsletters & bulletins <input type="checkbox"/> Faith & church communities <input type="checkbox"/> Community engagement (advisory boards, chamber of commerce) <input type="checkbox"/> Volunteering <input type="checkbox"/> Libraries <input type="checkbox"/> Recruitment Collateral (flyers, yard signs, brochures, car magnets)	<input type="checkbox"/> Company job board <input type="checkbox"/> Applicant Tracking Systems <input type="checkbox"/> Boomerangs - contact past employees <input type="checkbox"/> Purchase licensure lists for direct mailers <input type="checkbox"/> Evergreen requisitions <input type="checkbox"/> Boolean searches <input type="checkbox"/> Subscribe to job alerts widget <input type="checkbox"/> Drafting/submitting op-eds <input type="checkbox"/> Creating career pathways <input type="checkbox"/> Testimonials & online reviews <input type="checkbox"/> Leverage AI & Automation <input type="checkbox"/> National Association Home Care & Hospice

Need help? Contact Becky Jacobs, PHA Workforce Development Director, at rjacobs@pahomecare.org.

Permanent Placements



- PHA started a new service line
- We will be offering permanent placements for members and non-members
 - Exclusive member pricing at a significant cost savings
 - First 5 members to book service will receive their first placement at 50% off member pricing
- This service is not limited to Home Care, Home Health, and Hospice Industries.
- Exploring partnerships with all industries
- We will provide comprehensive recruitment & placement services including, but not limited to:
 - Identifying candidates
 - Pre-screening candidates
 - Presenting a shortlist of qualified candidates
 - Assisting with scheduling interviews
 - Assisting in candidate negotiations
 - Conducting references for the top candidates
 - More
- Ideally for full-time positions such as a RN Case Manager, Managers and above, Therapists, and more
- This service is not to replace your full-time recruiter but to act as a concierge recruiter for hard to fill roles

Professional Development Affinity Groups

Coming soon

PHA will be launching Professional Development Affinity Groups in 2025!

- Currently testing & demoing platforms for engagement
- If you're interested in starting or being a part of an Affinity Group, please complete this [interest form](#).
- Affinity groups are member lead. PHA will provide support to link members together
- Some examples are young professionals, management, accounting/back-office, recruiters, schedulers, business owners, more

What are Affinity Groups?

- Gathering of people who share a common identity, interest, or goal.
- Purpose of affinity groups:
 - **Support:** Safe space for members to discuss shared challenges and experiences.
 - **Networking:** Facilitating connections between people with similar backgrounds or interests.
 - **Professional development:** Offering mentorship, skill-sharing, and career advancement skills
 - **Advocacy:** Working together to address issues affecting the group and promote positive change.
 - **Cultural awareness:** Educating others about the group's unique perspectives and experiences.



Save the date(s)

- January 15th, 22nd, 29th, and February 26th

Speaker: Leigh Davis from [Your Recruitment Lab](#)

- Leigh and his wife have owned a Home Care company since 1996 in addition to founding Your Recruitment Lab
- Out of more than 30+ million job posts reviewed and ranked by Indeed, Leigh's Magnetic Job Posts ranked #1 and #2 two years running

Topics:

- Unlocking Candidate Motivation: The Psychology of Effective Recruitment
- Magnetic Job Ads: Writing to Attract and Engage
- Seamless Onboarding: Bridging the Gap from Candidate to Employee
- Bonus session: Recruiter connection, check-in, and breakout groups



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ADDENDUM: INDUSTRY OVERVIEW AND STATS

National Health Expenditure Data: Historical (2022)

NHE grew 4.1% to \$4.5 trillion in 2021, or \$13,493 per person, and accounted for 17.3% of Gross Domestic Product (GDP)

- Medicare spending grew +5.9% to \$944.3 billion (21% of total NHE)
- Medicaid spending grew +9.6% to \$805.7 billion (18% of total NHE)
- Private health insurance spending grew +5.8% to \$1.3 trillion (29% of total NHE)
- Out of pocket spending grew +6.6% to \$471.4 billion (11% percent of total NHE)

References: [National Health Expenditure Data Webpage](#); [Highlights \(PDF\)](#)
Data released: September 2024

National Health Expenditure Data: Projected (2023-32)

- Average growth in NHE (5.6 percent) is projected to outpace that of average GDP growth (4.3 percent). **NHE projected to be 19.7% of total GDP by 2032.**
- The **insured share of the population is projected to have been 93.1 percent in 2023** (an historic high) **related to high Medicaid enrollment** and gains in Marketplace enrollment.
- Medicaid enrollment is projected to decline to **81.0M in 2024** and slightly further to 79.4M by 2025 following the expiration of the Families First Coronavirus Response Act's continuous enrollment requirement
- By 2032 the insured share of the population is projected to be 90.7%.

References: [National Health Expenditure Data Webpage](#); [Forecast Summary \(PDF\)](#)
Data released: September 2024

Home Health & Hospice Market Size (2024)

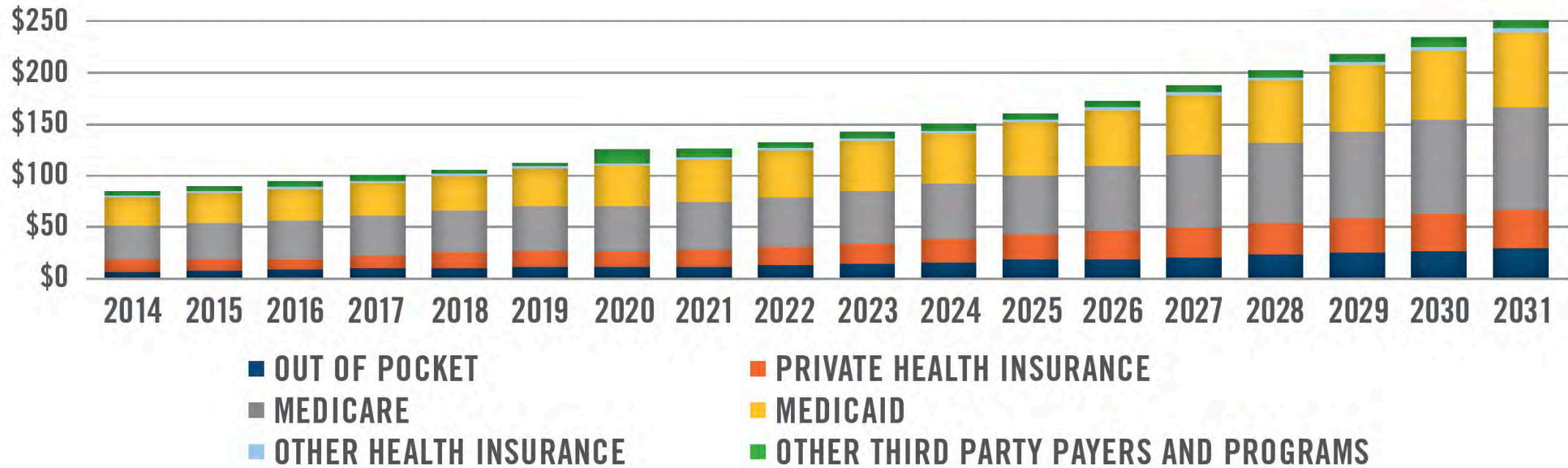
FIGURE 2 – HOME HEALTH AND HOSPICE MARKET SIZE

	HOME HEALTH	HOSPICE
NUMBER OF AGENCIES	11,309	5,915
MEDICARE BENEFICIARIES RECEIVING SERVICES	3.0 MILLION	1.6 MILLION

[Reference](#)
Data released: April 2024

Home Health Expenditures (By Payer Source)

FIGURE 3 – HOME HEALTH EXPENDITURES IN BILLIONS OF USD³



Reference

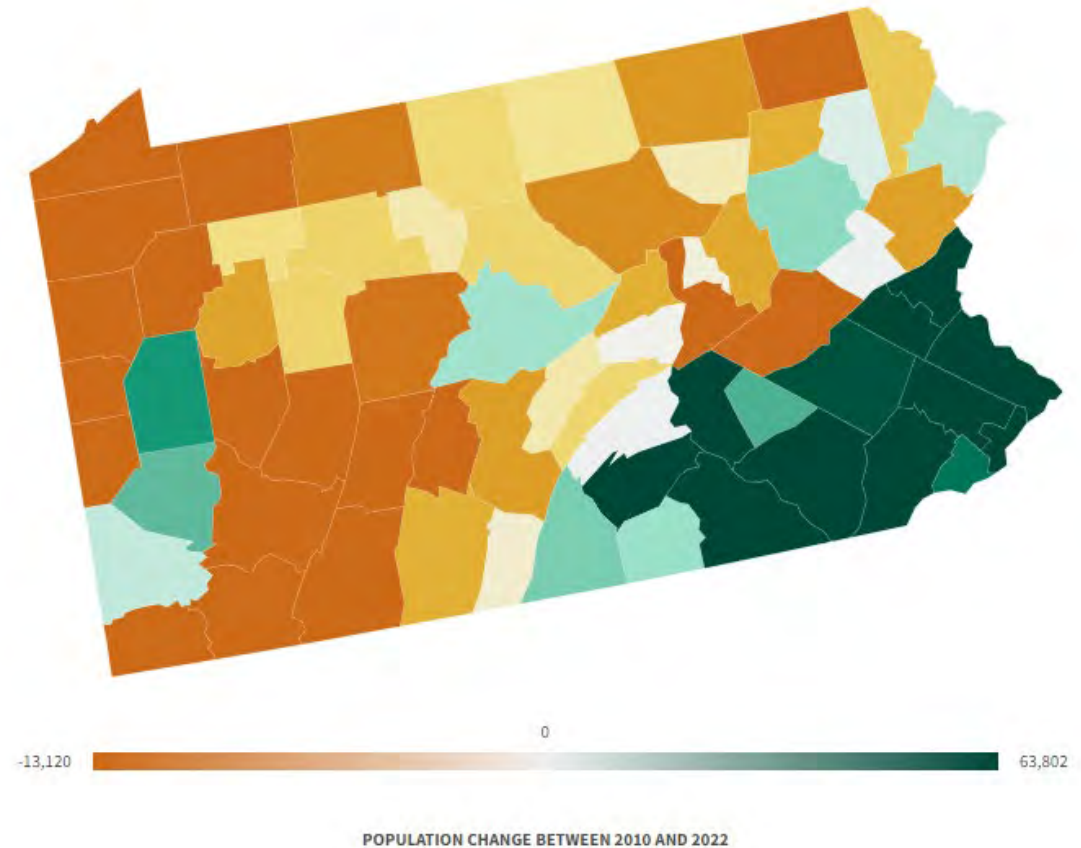
Data released: April 2024

Pennsylvania Demographics

PA Population Growth, 2010-2022

- 2010 - 12,711,406
- 2022 - 12,972,008
- Still – 5th most populous state
- 19.6% of the population is 65 or older

References: [USA Facts](#)
Data released: July 22



Pennsylvania Home Care (By Payer Source, 2023)



Percentage of Revenue by Payer Source in 2023

See page 136 in the [2024 Activated Insights Benchmarking Report](#).

Payer Source	Pennsylvania	Home Care Industry	Northeast Region	Home Care Masters
Private pay	51.2%	59.6%	66.4%	61.7%
Long-term care insurance	5.8%	10.0%	12.2%	7.2%
Veterans Administration programs	14.4%	9.7%	6.5%	8.5%
Medicaid Waiver program	11.2%	3.9%	5.9%	11.8%
Billed Medicaid directly	0.9%	1.5%	2.5%	1.7%
Area Agencies on Aging (AAA)	2.4%	0.9%	1.2%	2.1%
Managed Care Organization (MCO)	14.2%	0.8%	2.5%	4.2%
Workers' compensation	0.0%	0.6%	0.2%	0.5%
Medicare reimbursement	0.0%	0.5%	0.0%	0.0%
Billed hospitals directly	0.0%	0.5%	1.6%	0.2%
Trusts/banks	0.0%	0.3%	0.0%	0.6%
Other Insurance	0.0%	0.3%	0.3%	0.5%
Medicare Advantage reimbursement	0.0%	0.2%	0.1%	0.1%
Accountable Care Organization (ACO)	0.0%	0.2%	0.0%	0.0%
Other	0.0%	1.1%	0.6%	0.8%



Home Care – 4205

- 4773 in October 2023
- 4570 in October 2022
- 3622 in May 2021
- 3044 in October 2020
- 2630 in 2019

Home Health – 609

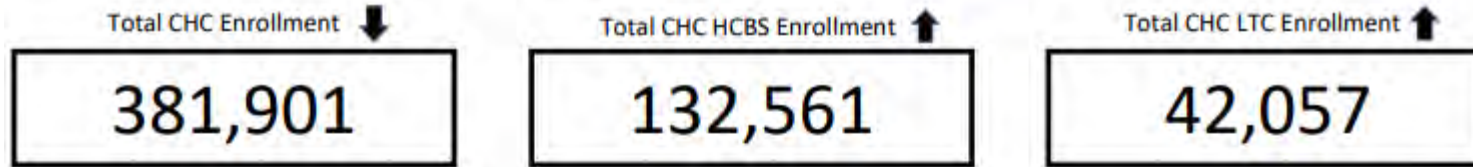
- 641 in October 2023
- 609 in October 2022
- 608 in May 2021
- 608 in October 2020
- 595 in 2019

Hospice – 190

- 194 in October 2023
- 193 in May 2022
- 189 in May 2021
- 188 in October 2020
- 188 in 2019

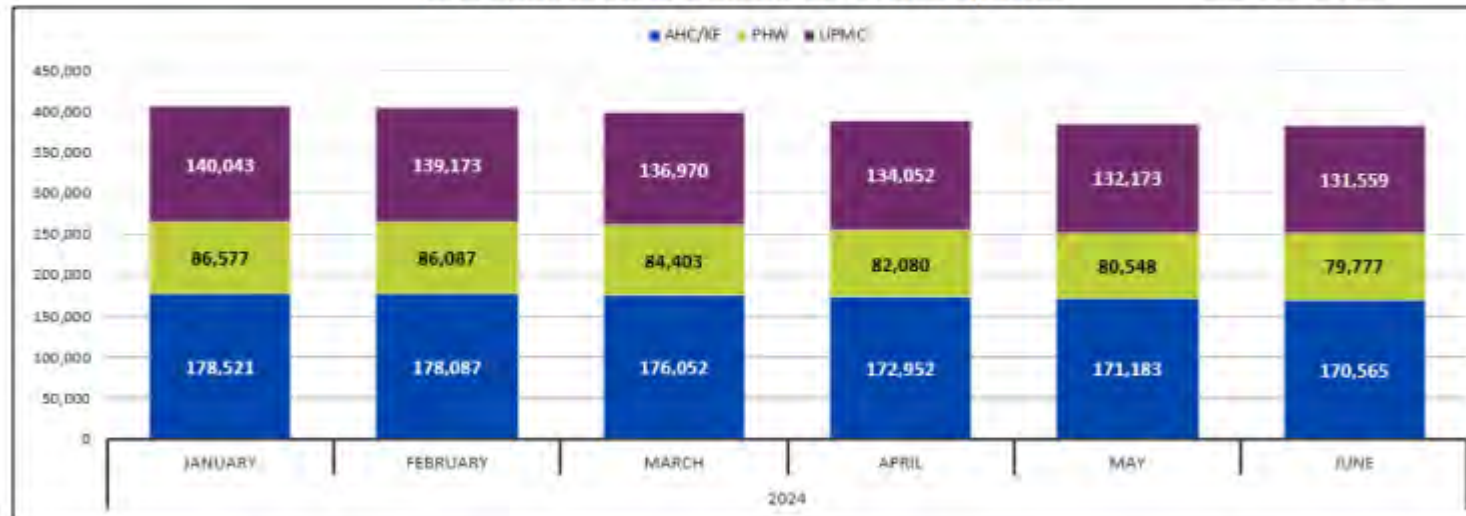
Reference: [PA Department of Health Presentation, May 2024](#)

CHC Enrollment Trends



CHC Statewide Enrollments Trends by MCO

Data Period: June 2024



Total CHC enrollment as of June 2024 is 381,901 down from 383,904 in May 2024. Waiver growth continues an upward trend. The nursing facility enrollments saw an increase this month.

Reference: [OLTL Data Dash, July 2024](#)

CHC Enrollment Trends

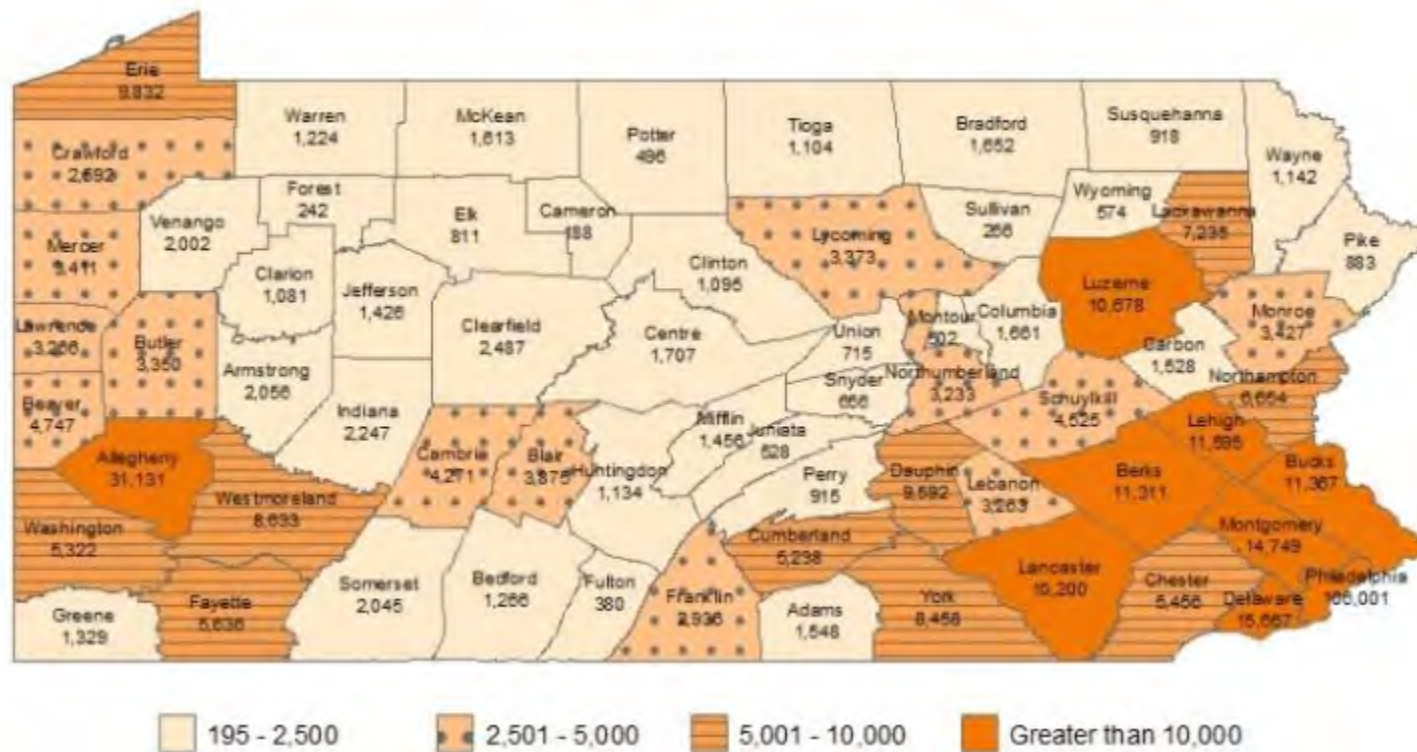


Statewide LTSS Populations Plus HCBS Percentage



Reference: [OLTL Data Dash, July 2024](#)

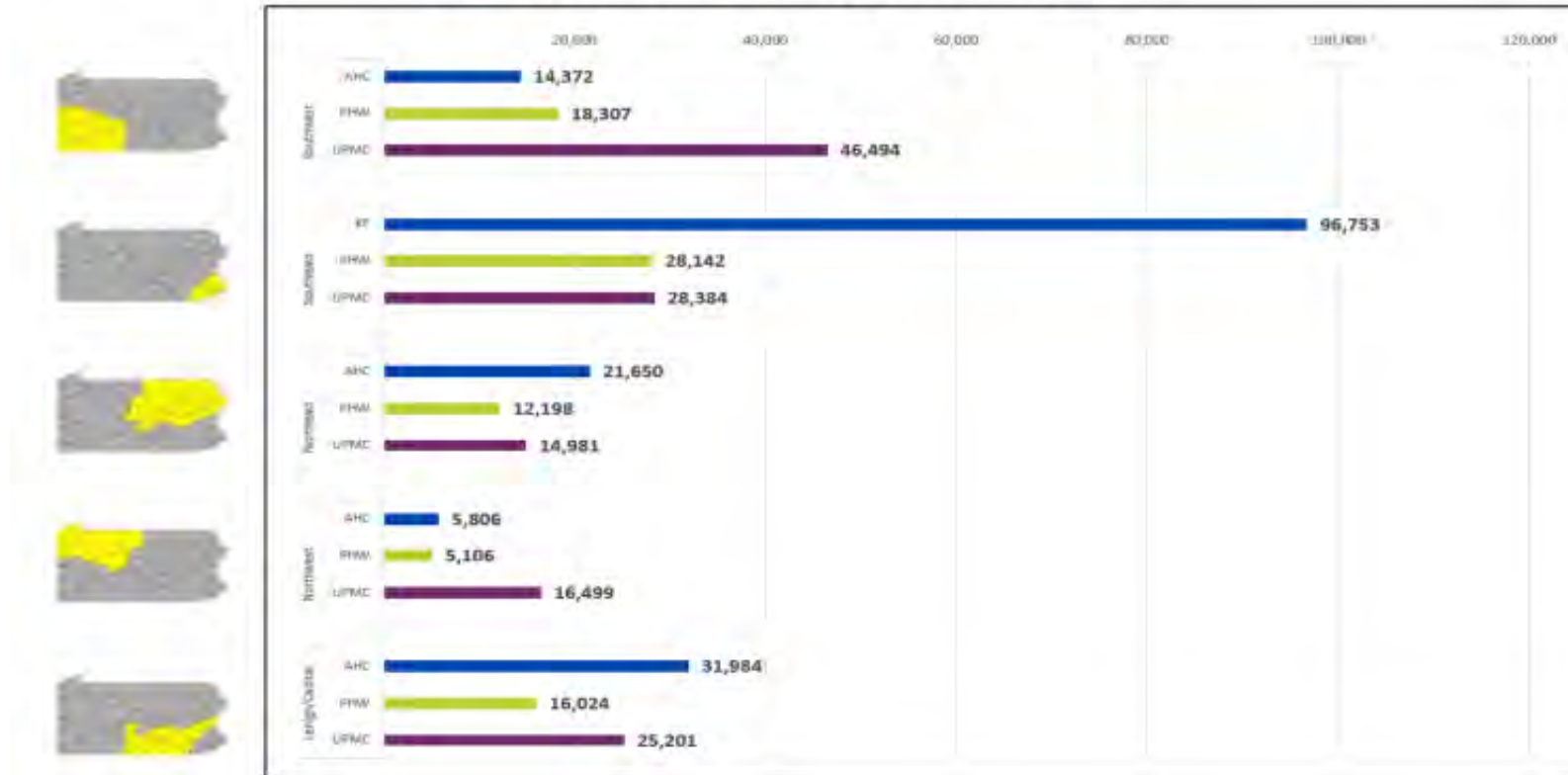
CHC Enrollment By County



Reference: [OLTL Data Dash, July 2024](#)

CHC Enrollment by Zone/MCO

CHC Monthly Enrollment by Zone and MCO



Reference: [OLTL Data Dash, July 2024](#)

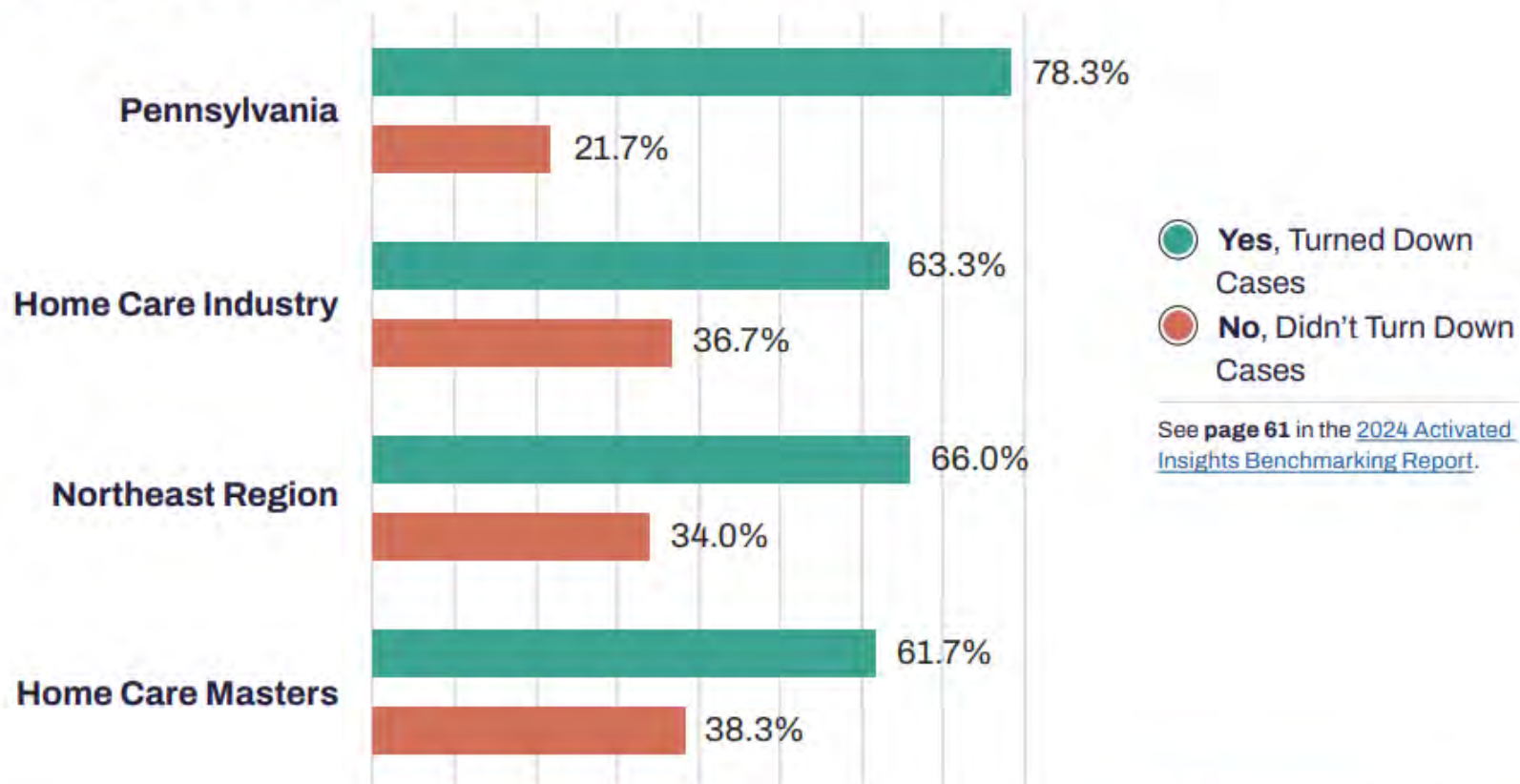
Pennsylvania Workforce Data

Median Hourly Care Staff Wages by Role in 2023



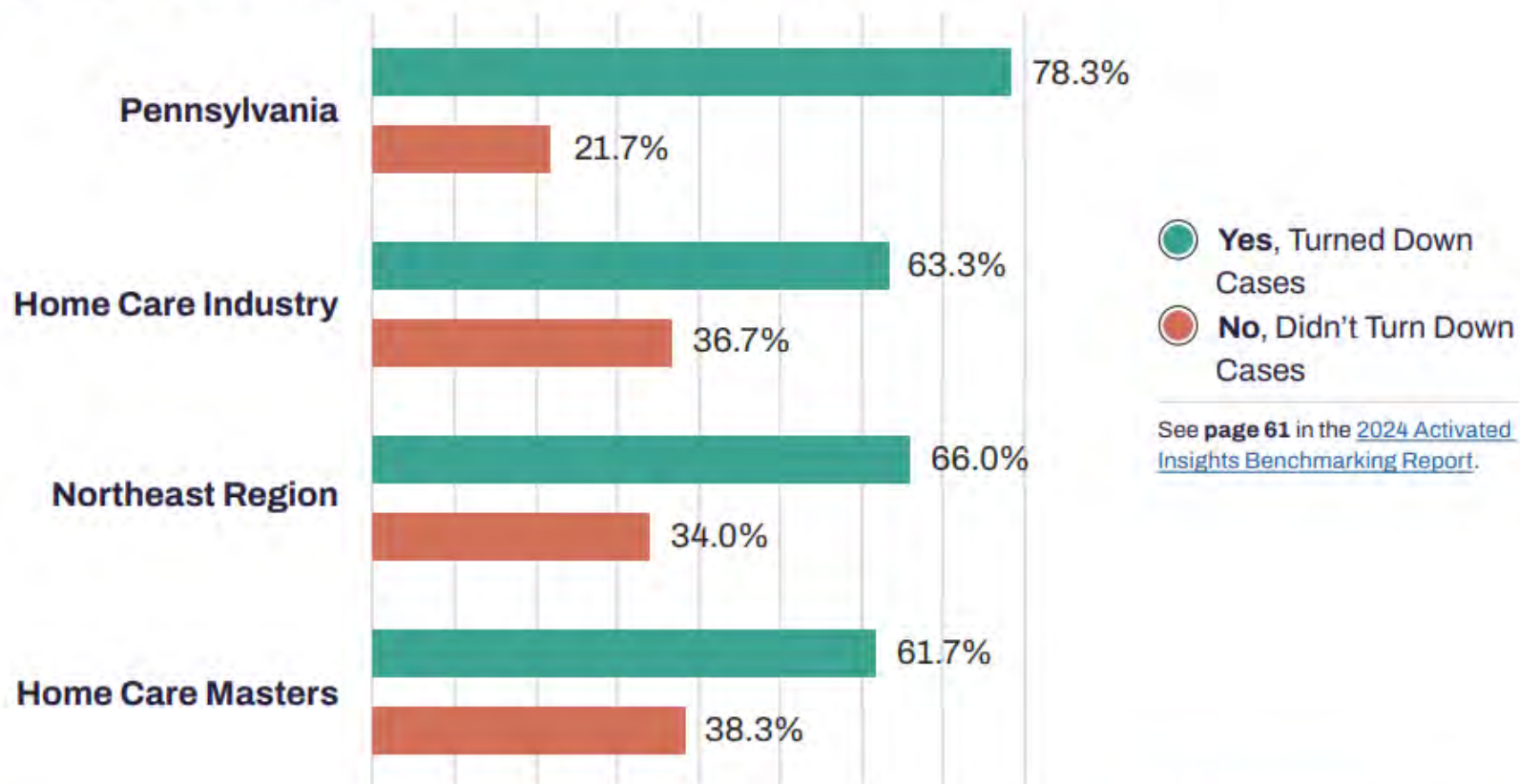
Pennsylvania Workforce Data

Percentage of Agencies That Turned Down Cases At Any Point in 2023 Due to Professional Caregiver Shortage



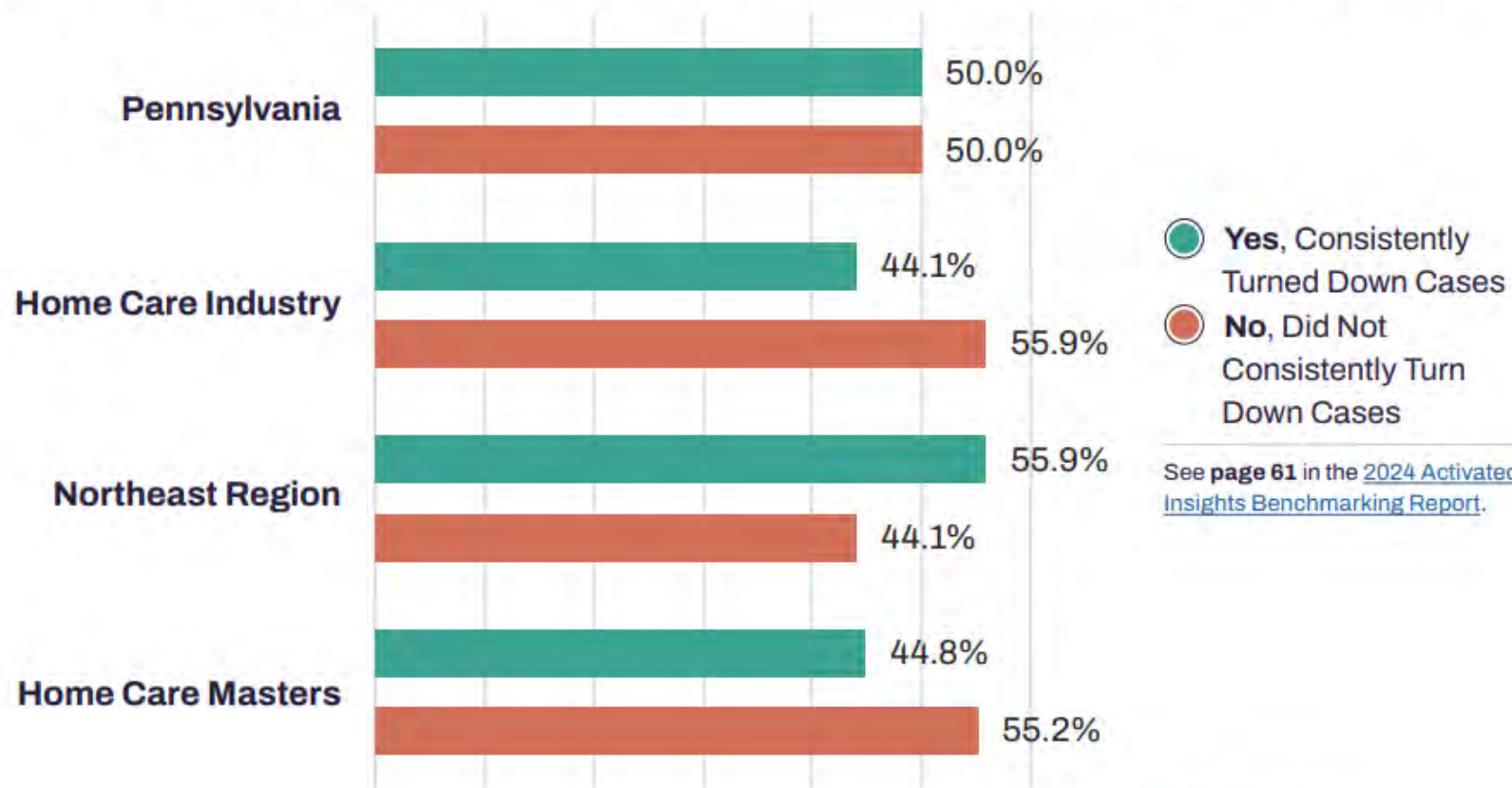
Pennsylvania Workforce Data

Percentage of Agencies That Turned Down Cases At Any Point in 2023 Due to Professional Caregiver Shortage



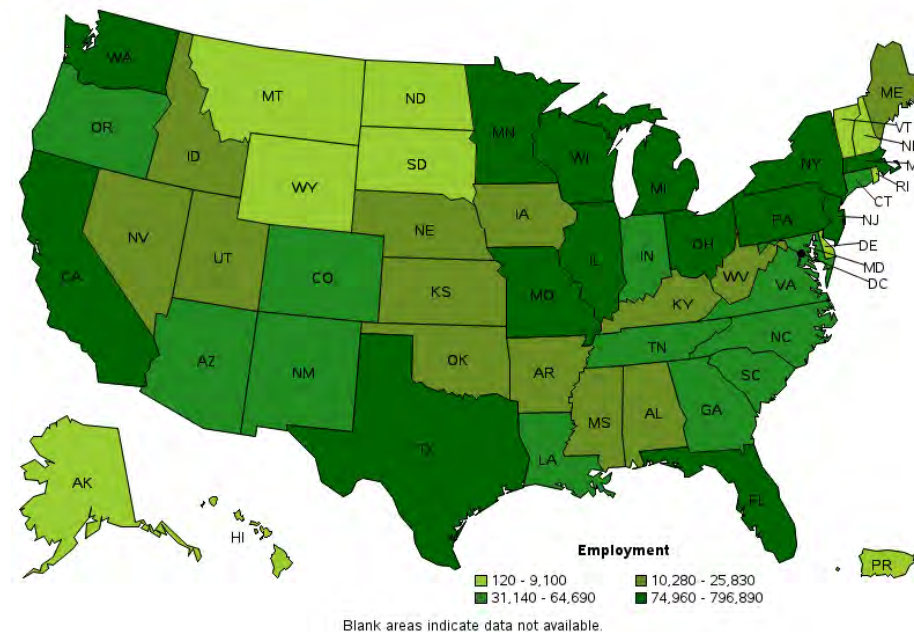
Pennsylvania Workforce Data

Percentage of Agencies That Consistently Turned Down Cases Due to Professional Caregiver Shortages As of January 2024



Pennsylvania Workforce Data

States with the highest employment:
Home Health and Personal Care Aides

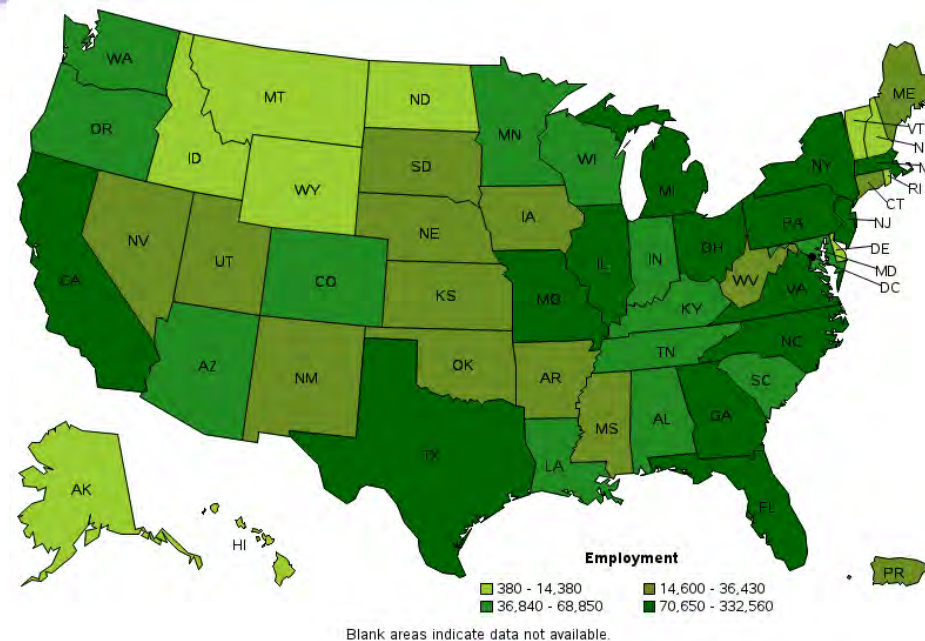


State	Employment (1)	Employment per thousand jobs	Location quotient (9)	Hourly mean wage	Annual mean wage (2)
California	796,890	44.41	1.83	\$ 16.93	\$ 35,220
New York	566,160	60.28	2.48	\$ 18.41	\$ 38,280
Texas	312,420	23.04	0.95	\$ 11.47	\$ 23,850
Pennsylvania	213,020	35.81	1.47	\$ 14.70	\$ 30,580
Massachusetts	113,730	31.21	1.28	\$ 18.54	\$ 38,550

Reference: [Bureau of Labor & Statistics, May 2023](#)

Pennsylvania Workforce Data

States with the highest employment level: Registered Nurses



State	Employment (1)	Employment per thousand jobs	Location quotient (9)	Hourly mean wage	Annual mean wage (2)
California	332,560	18.53	0.89	\$ 66.20	\$ 137,690
Texas	251,840	18.57	0.89	\$ 43.37	\$ 90,210
Florida	207,910	21.73	1.04	\$ 40.75	\$ 84,760
New York	188,060	20.02	0.96	\$ 51.26	\$ 106,620
Pennsylvania	144,100	24.22	1.16	\$ 42.08	\$ 87,530

Reference: [Bureau of Labor & Statistics, May 2023](#)



**PENNSYLVANIA
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