

August 29, 2023

The Honorable Chiquita Brooks-LaSure  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-4203-NC  
P.O. Box 8013  
Baltimore, MD 21244-8013

**RE: Medicare Program; Calendar Year (CY) 2024 Home Health (HH) Prospective Payment System Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin Items and Services; Hospice Informal Dispute Resolution and Special Focus Program Requirements, Certain Requirements for Durable Medical Equipment Prosthetics and Orthotics Supplies; and Provider and Supplier Enrollment Requirements. [CMS-1780-P]**

Dear Administrator Brooks-LaSure,

United Spinal Association appreciates the opportunity to respond to the request for information (RFI) about the delivery and utilization of Home Health Aide Services. There is a long-standing, perpetual national crisis confronting people with disabilities, especially wheelchair users, in receiving reliable and adequate home health aide visits. United Spinal implores CMS to work with us and our network as well as with the entire disability community on issues involving the critically vital role that home health aide (HHA) services play in ensuring the health, well-being, and independence of beneficiaries across the nation. By providing the opportunity to comment, the Centers for Medicare and Medicaid (CMS) demonstrates they recognize this critical role. United Spinal Association also endorses the comments made by the Center for Medicare Advocacy.

United Spinal Association, founded by paralyzed veterans in 1946, is dedicated to enhancing the quality of life of all people living with spinal cord injuries and disorders (SCI/D), paralysis, neurological conditions and other mobility disabilities, including veterans, and providing support and information to loved ones, care providers and professionals. United Spinal represents 5.5 million wheelchair users across the country, has over 61,000 members, 47 chapters, 120 support groups and 115 rehabilitation facilities and hospital partners nationwide. Additionally, we work collaboratively with Spinal Cord Injury Model (SCI) System Centers and the Model Systems Knowledge Translation Center that provide innovative research and support in the field of SCI. United Spinal Association is also a VA-accredited veterans service organization (VSO).

United Spinal hopes that seeking input from a wide range of stakeholders, including healthcare professionals, caregivers, patients, and advocacy organizations will create a home healthcare system that provides more support for home health aides and a more patient-centered approach.

**The utilization of home health aides continues to decline despite the need for services remaining strong due to lack of access, affordability, inadequate insurance coverage, and workforce shortages.**

**Lack of Access:** while the need for home health aide services might be strong, not everyone who needs these services may have access to them. Geographic location, socioeconomic status, and healthcare infrastructure can all impact access to these services. According to comments submitted by the Center for Medicare Advocacy, “[...home health agencies [HHA] reduce or refuse to provide services to patients who have high acuity needs and require more home health aides. The RFI states: “CMS wants to ensure that all Medicare beneficiaries receiving care under the home health benefit are afforded all covered services for which they qualify.” However, beneficiaries frequently report that they cannot even find an HHA willing to provide them with an assessment

for services when the HHA learns they have a chronic or longer-term condition.”] Also, the Center for Medicare Advocacy states: “Increasingly, HHAs improperly force patients’ family members to perform aide services. Medicare-certified HHAs must follow Medicare Conditions of Participation (COP) regulations to receive Medicare reimbursement. The COPs require a patient’s comprehensive assessment to include the willingness, ability, availability, and schedules for primary caregivers and other available supports. Under Medicare policy, ‘patients’ are entitled to have reasonable and necessary services reimbursed by Medicare without regard to whether there is someone available to furnish the services. The exception to that is where an “able and willing” family member or other person will be providing services that adequately meet the patient’s needs.” Despite Medicare regulation and policy, in practice, many HHAs are only offering a few aide visits at the onset of care to “teach” family and other caregivers how to provide care, even if those caregivers are not willing and/or able to continue the care...”

**Affordability:** Home health aide services can be expensive and not everyone can afford them. Lack of insurance coverage or limited financial resources might lead individuals to forego these services even though they need them.

**Inadequate Insurance Coverage:** Insurance coverage might not fully cover the costs of home health aide services. High co-pays, deductibles, or restrictions on the types of care covered can dissuade individuals from utilizing these services.

**Workforce Shortages:** The aging population is increasing the demand for home health care. As more people require assistance, the demand for home health aides has risen significantly. There is also a high turnover rate due to low pay, limited benefits, emotional and physical demands, lack of career progression, inadequate training, perceived stigma about the stereotypes of the role, and lack of recognition.

#### **To what extent are higher acuity individuals eligible for Medicare having more difficulty accessing home health care service, specifically home health aide services?**

While Medicare does cover home health care services to some extent, the training and expertise needed to meet the needs of higher acuity individuals, for example, individuals with multiple comorbidities or impairments of multiple activities of daily living, has significantly decreased over the years. Access to home health care services can also vary by location. Rural or underserved areas might have fewer available providers, making it more difficult for individuals with high acuity needs to access covered services. Unfortunately, this may lead to some agencies prioritizing less complex cases due to resource constraints.

#### **What are notable barriers or obstacles that home health agencies experience relating to recruiting and retaining home health aides?**

Finding and retaining individuals with the necessary skills and qualifications to work as home health aides can be difficult, especially for specialized care. The job of a home health aide can sometimes be perceived as less prestigious than others working in the health care field due to significant disparities in pay, benefits, reimbursement for travel, training, and available professional advancement opportunities. Moreover, the physically and emotionally demanding nature of the job can deter potential candidates who may be concerned about the stress and burnout associated with providing care. Unfortunately, most home health aides are not offered paid time off. Providing care for individuals with complex health needs can be emotionally taxing leading to burnout of even the best home health aides.

#### **What steps could home health agencies take to improve the recruitment and retention of home health aides?**

Offering competitive compensation can attract and retain skilled home health aides. Agencies should ensure that compensation reflects the responsibilities and demands of the job. Providing comprehensive benefits including healthcare coverage and paid time off can enhance job satisfaction and retention. Offering ongoing training opportunities and pathways for career advancement can make the job more attractive and help retain skilled aides. Collaboration with education institutions to promote careers in home healthcare including career advancement opportunities. Additionally, agencies should foster a supportive work environment that values

their contribution by ensuring that they have the tools, equipment and training they need, by showing recognition and appreciation, promoting emotional and physical well-being, and allowing for open communication.

**Are home health agencies (HHAs) paying home health aides less than equivalent positions in other care settings?**

According to the U.S. Bureau of Labor Statistics<sup>1</sup>, home health aides get paid significantly less than their counterparts who work in facilities. In skilled nursing facilities, their counterparts' mean wage in 2022 was \$32,112 whereas home health care aides' mean wage was \$29,660. Funding sources, reimbursement rates, cost of services, lack of direct oversight, profit margins, lack of unionization and geographic variations can all play a role in this disparity. Addressing the wage disparity requires a combination of advocacy and policy changes and industry collaboration to ensure that these essential workers are fairly compensated.

**How effective is the coordination between Medicare and Medicaid to ensure adequate access to home health aide services? Please share insights on the level of utilization of Medicaid benefits by dually eligible beneficiaries for additional home health aide services that are not being provided by Medicare.**

Coordination between Medicare and Medicaid to ensure adequate access to home health aide services can vary depending on state policies, regulations, and the specific needs of beneficiaries. Dual eligible beneficiaries' access to these services can be affected by the interplay of these two programs by fragmented services, different benefits, and rules, along with varying state policies. Fragmentation in care delivery is a result of the differences in eligibility, coverage, and administrative issues. Medicare covers services under very specific conditions while Medicaid may provide a broader range of services. Coordinating the two programs to ensure that beneficiaries receive comprehensive care can be complex. While states have the flexibility to design their Medicaid programs, it leads to variations in benefits, eligibility criteria and coverage affecting dual eligible beneficiaries differently. While Medicaid may offer more comprehensive coverage for home health aide services, there can still be gaps in coverage based on state policies or the specific needs of beneficiaries. Beneficiaries might not be fully aware of the scope of Medicaid benefits available to them or might face challenges in navigating the Medicaid application process. Access can be influenced by the availability of qualified providers who may or may not accept Medicaid reimbursement rates. Effective care coordination between Medicare and Medicaid is needed and can positively impact utilization rates by ensuring that beneficiaries receive appropriate and timely services.

**Are physicians' plans of care less reliant on home health aide services in the past, or are HHAs less willing/able to provide these services? If so, what are the primary reasons why such services are not provided?**

There are many challenges that come with physicians including home health aide (HHA) services into their plans of care. There is a shortage of trained and qualified HHAs, making it difficult for physicians to find services. Reimbursement rates for HHA services, especially for non-skilled services like assistance with activities of daily living are too low. This can impact the willingness of HHAs to provide these services and influence their availability. Home health agencies might have limitations on the scope of services offered which affects the types of care included in a physician's plan. All in all, regulatory and reimbursement constraints are the biggest barriers to full collaboration between physicians and home health aide providers.

**What are the consequences of beneficiary difficulty in accessing home health aide services?**

Restating comments from the Center for Medicare Advocacy, "[t]here is increasing competition for a limited number of available aides in the job market. Currently in the United States, 5 million people rely on home health aides to keep them safe and healthy in their homes....Within 10 years another million people will need aides, an increase of 25-34%, and the number of elderly in the U.S. is expected to double by 2050. In 2021, almost 3.4 million workers were employed in facilities and in homes holding similar positions as nursing assistants, home health aides and personal care assistants (for dually eligible-Medicare and Medicaid individuals). Aides are also

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<sup>1</sup> <https://www.bls.gov/oes/current/oes311120.htm>

employed to work for individuals with other insurance and they are [also] engaged for private payment. The Bureau of Labor Statistics (BLS) has cited home health aides as one of the fastest growing jobs, with a need for 750,000 new workers every year, while another 332,000 existing home health aides may retire or drop out of the occupation every year and 287,000 may seek other types of work. .... To illustrate the competition for aides, one large Medicare-certified HHA, Bayada, which provides services in 350 locations in 22 states, claimed that it had to decline nearly two-thirds of new home health care requests due to the shortage of available aides.... Lack of aide services impacts individuals with chronic and longer-term conditions more significantly than individuals with shorter-term and post-acute care needs. For individuals with shorter-term needs, inability to obtain all necessary covered aide services may have less of an impact on their ability to remain in their home and to maintain the highest quality of life possible, given the relatively short duration of the lack of aide services. However, higher acuity individuals with chronic and [long] term care needs, [such as ALS, Alzheimer's, Multiple Sclerosis, Parkinson's, Paralysis, Stroke, Spinal Cord Injury], are even more significantly impacted after the initial 30-day episode.... [These individuals] typically need more services over time, not less, to keep their conditions stable, or to obtain more help as their conditions progress.”

Difficulty in accessing home health aide services can have several negative consequences for beneficiaries, their families, and the healthcare system as whole. These consequences can impact both the individual's well-being and the overall efficiency of the healthcare system. Inadequate care can exacerbate existing health conditions and increase the risk of complications. Home health aide services contribute to the overall quality of life of individuals with disabilities by helping them maintain personal hygiene, nutrition, mobility, and social engagement within the comfort of their own homes. When beneficiaries do not receive appropriate care at home, their health conditions worsen, leading to the need for more extensive medical interventions, hospitalizations, and other healthcare services resulting in higher healthcare costs. A lack of access to HHAs can lead to a loss of independence and increased reliance on family members or institutional care. Family members often step in to provide care when none is available. This can lead to caregiver burnout, stress, and strain on family relationships, impacting both the caregiver's and the beneficiaries' well-being. When families cannot step in, individuals are at risk of being institutionalized creating negative impacts of physical, emotional, and mental health and an even more financial strain on the healthcare system.

In closing, United Spinal Association firmly believes that addressing the challenges related to accessing home health aide services is a critical endeavor that requires collective action and person-centered solutions. The success of the RFI lies in a shared commitment to fostering positive change and improving the lives of Medicare and Medicaid beneficiaries who rely on these essential services. We thank you again for this opportunity to submit comments. Please contact Rebecca MacTaggart at [rmactaggart@unitedspinal.org](mailto:rmactaggart@unitedspinal.org) or (800) 404-2898 with any questions.

Sincerely,

*Alexandra Bennewith*

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Vice President, Government Relations