

August 22, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

RE: CMS-1780-P; 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

Submitted electronically via regulations.gov.

Dear Administrator Brooks-LaSure,

The National Rural Health Association (NRHA) is pleased to offer comments on the Centers for Medicare and Medicaid Services (CMS) proposed rule for the Home Health Prospective Payment System (PPS) and the Request for Information for Access to Home Health Aide Services for fiscal year (FY) 2024. We appreciate CMS's continued commitment to the needs of the more than 60 million Americans that reside in rural areas, and we look forward to our continued collaboration to improve health care access throughout rural America.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, long-term care providers, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

II. Home Health Prospective Payment System

2. Request for Information: Access to Home Health Aide Services

In this request for information, CMS is soliciting comments from the public to better understand challenges facing Medicare beneficiaries in accessing home health aide services. NRHA appreciates the impact that home health aide visits have on Medicare beneficiary outcomes. Given the aging population and the high occurrence of chronic diseases and disabilities in rural areas, access to home health aide services plays a crucial role in ensuring eligible rural beneficiaries receive essential medical care, assistance with activities of daily living (ADLs), medication management, and social interaction support.

NRHA has significant concerns about the decline in utilization of home health aides despite the strong need for these services. Home health services are typically less costly than hospitalization or skilled nursing facilities and allow older adults to retain a sense of independence by staying at home. This makes home health services an attractive alternative to placement in a facility for rural seniors. In theory, home health services may be more accessible in rural areas compared to other types of health care services. Following skilled nursing facilities, home health

agencies (HHAs) are the second most common form of post-acute care for rural beneficiaries discharged from a hospital.¹ Almost 20% of HHAs are located in rural communities and about one quarter of urban HHAs have a beneficiary population consisting of 10% rural beneficiaries.² **Given the value and relative importance of home health services, it is critical that CMS understands and takes steps toward improving recruiting and retaining rural home health aides.**

Why is utilization of home health aides continuing to decline if the need for these services remains strong?

The decline in the utilization of home health aides from CY 2018-2022, despite a strong demand for these services, can be attributed to several factors, with the COVID-19 pandemic being perhaps the most significant. During the pandemic, both home health aides and Medicare beneficiaries became particularly vulnerable to COVID-19 infection, particularly in rural areas. Further, shifts in workforce trends have created significant shortages of all categories of rural health care workforce, including home health aides.

The direct exposure to the virus resulted in many home health aides being unable to come to work due to symptoms or quarantine requirements, which may have had long term impacts on rural home health utilization. Case studies illustrate these pandemic effects. About 3-quarters of agency managers (73.7%) reported that aides were concerned about going into homes and being infected by clients, and a majority (61.8%) reported a decrease in client visit hours due to aides not working because they received unemployment or family leave benefits.³ Additionally, 98.7% of home health agency managers expressed clients had canceled their aide visits due to concerns about contracting COVID-19.⁴ These circumstances, along with concerns about contracting the virus, led to a decrease in client visit hours and numerous client cancellations of aide visits.

As a result of beneficiary concerns and aide shortages, many informal caregivers began to take on the role that home health aides had once provided pre-pandemic, where available.⁵ In situations like the pandemic where family members or close acquaintances may be more willing to provide care, beneficiaries may rely more on informal support networks, reducing the need for professional home health aides. According to a cross-sectional study of 835 informal caregivers in the US, the majority of caregivers reported experiencing increases in caregiving intensity (55.7%) and caregiver burden (53.1%) during the pandemic.⁶

The pandemic also led to new infection prevention responsibilities on aides, beneficiaries, and HHAs resulting in new demands on home health aides. This increased complexity and added safety measures associated with caring for COVID-19 patients likely impacted the willingness and ability of

¹ Tracy Mroz, et al., *Quality of Home Health Agencies Serving Rural Medicare Beneficiaries*, WWAMI Rural Health Research Center, University of Washington (Feb. 2022), 1 https://familymedicine.uw.edu/rhrc/wp-content/uploads/sites/4/2022/02/RHRC_PBFEB2022-HHA_MROZ.pdf

² Mroz, *supra* note 1 at 4.

³ Susan R. Sama, Margaret M. Quinn, and John E. Lindberg, *Impacts of the COVID-19 Pandemic on Home Health and Home Care Agency Managers, Clients, and Aides: A Cross-Sectional Survey, March to June, 2020*, 33 HOME HEALTH CARE MANAGEMENT & PRACTICE 125, 127 (2021) <https://journals.sagepub.com/doi/epdf/10.1177/1084822320980415>.

⁴ *Id.* at 126.

⁵ Steven A. Cohen, Caitlin C. Nash, & Mary L. Greaney, *Informal Caregiving During the COVID-19 Pandemic in the U.S.: Background, Challenges, and Opportunities*, 35 AM. J. HEALTH PROMOTION 1032, 1033 (2021) <https://journals.sagepub.com/doi/epdf/10.1177/08901171211030142c>.

⁶ Steven A. Cohen, et al., *Exploring Changes in Caregiver Burden and Caregiving Intensity due to COVID-19*, 7 GERONTOLOGY AND GERIATRIC MEDICINE, 2021, at 3, <https://journals.sagepub.com/doi/epdf/10.1177/2333721421999279>.

some home health aides to continue their work during the pandemic.⁷ As a result, some home health aides might have chosen to reduce their work hours or temporarily refrain from providing in-home care, potentially contributing to the decline in utilization of home health aides during the pandemic.

What are notable barriers or obstacles that home health agencies experience relating to recruiting and retaining home health aides? What steps could home health agencies take to improve the recruitment and retention of home health aides?

Rural communities have long grappled with significant challenges in recruiting and retaining staff for HHAs, and the COVID-19 pandemic has only exacerbated these issues. According to a report by the HHS Office of the Assistant Secretary, many home health agency officials reported that staff members quit their jobs out of fear of contracting the virus. This fear may have been particularly heightened in rural areas, where access to medical facilities and specialized care was often limited. Some older workers and individuals with underlying health conditions, who were at a higher risk of hospitalization if exposed to COVID-19, chose to leave the industry entirely or retire.⁸

The low pay and lack of comprehensive benefits for home health workers in rural areas also plays a critical role in the recruitment and retention challenges. According to the Bureau of Labor Statistics, the median wage for a home health aide is \$14.15 per hour, and this is often without benefits.⁹ Low wages, in combination with the risks of illness during the COVID-19 pandemic, contributed to a serious dearth of workers. This care gap is only likely to increase, given the projected 22% increase in adults over 65 years old by 2040.¹⁰ With limited financial incentives, rural HHAs struggled to attract and retain top talent, especially when larger health care facilities in rural and urban centers often offered more competitive compensation packages. This issue is worse for rural HHAs, some of which indicated that they do not have the resources to pay a reasonable wage to aides and personal care assistants in particular.^{11,12}

When providing home care in rural areas, home health aides face unique challenges such as increased travel times, as well as higher fuel and travel costs.¹³ Low wage earners are more likely to struggle with unreliable transportation compared to other practitioners, making traveling for work more difficult.¹⁴ To make matters worse, reimbursement for fuel and travel costs vary between rural HHAs, which decreases overall clinician take-home pay and impacts staffing levels at HHAs with lower reimbursements. This leads to fewer visits in a day for home health aides visiting rural beneficiaries. As a result, rural beneficiaries face barriers in access to home health care, specialty services, and the appropriate amount of required services.

⁷ Edward Livingston, Angel Desai, & Michael Berkwits, *Sourcing Personal Protective Equipment During the COVID-19 Pandemic*, 323 JAMA 1912 (2020), <https://jamanetwork.com/journals/jama/fullarticle/2764031>.

⁸ Denise Tyler, et al., COVID-19 Intensifies Home Care Workforce Challenges, OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES, May 31, 2021, <https://aspe.hhs.gov/reports/covid-19-intensifies-home-care-workforce-challenges>

⁹ U.S. BUREAU OF LABOR STATISTICS, U.S. DEPARTMENT OF LABOR, Occupational Outlook Handbook: Home Health and Personal Care Aides, Sept. 8, 2022 <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>.

¹⁰ ADMINISTRATION FOR COMMUNITY LIVING, DEPARTMENT OF HEALTH AND HUMAN SERVICES, 2021 Profile of Older Americans, Nov. 2022, 5, https://acl.gov/sites/default/files/Profile%20of%200A/2021%20Profile%20of%200A/2021ProfileOlderAmericans_508.pdf.

¹¹ Skillman, *supra* note 5 at 9.

¹² Tyler, *supra* note 13.

¹³ Denise D. Quigley, et al., *Rural and Urban Differences in Care Provided by Home Health Agencies in the United States: A Review of the Literature*, 23 J. AM. MED. DIR. ASSOC. 1653.e2 1654 (2022) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9880873/>

¹⁴ Skillman, *supra* note 5 at 11.

An additional retainment challenge for rural HHAs is training. Oftentimes HHAs do not have the personnel or capacity to provide adequate training for home health aides.¹⁵ Training is vitally important for aides because much of their work is hands-on physical and mental support for beneficiaries. With no formal training support in place, this task largely falls upon co-workers who are managing their own patients. Moreover, inconsistent training requirements pose a hurdle in recruiting staff from other health care sectors, given different training and certification standards.

Further, the lack of childcare in rural areas remains an issue in recruiting and retaining home health aides. During the pandemic, the closure of schools and childcare centers posed an additional burden on rural home health staff and their families.¹⁶ Limited access to childcare services made it challenging for employees to balance work and family responsibilities, leading to higher rates of staff attrition in these regions.

To improve the recruitment and retention of home health aides, HHAs need to have resources to offer competitive wages and comprehensive benefits packages. Providing health insurance, retirement plans, paid time off, and opportunities for career advancement can make the job more appealing to potential candidates. In addition to competitive base wages, HHAs can implement performance-based incentives to reward employees for their exceptional work. Agencies can also promote work-life balance by implementing flexible scheduling options, accommodating family needs, and providing a supportive work environment. Ensuring adequate Medicare reimbursement levels is a critical component of offering competitive wage and benefit packages.

Support for HHAs to engage with local educational institutions, such as high schools, community colleges, vocational schools, and universities, to raise awareness about career opportunities in home health care may be a conduit for rural recruitment.¹⁷ This could include participating in career fairs, hosting information sessions, and providing resources about the roles and benefits of working as a home health aide. For students in healthcare-related programs, HHAs can collaborate with educational institutions to offer clinical rotations. These rotations allow students to work directly with home health aides and experience the unique challenges and rewards of providing care in a home setting. By building relationships with students early on, agencies may be able to attract motivated and dedicated individuals who are interested in pursuing a career in home health care. Recognition of and reimbursement for these types of activities under Medicare is critical for under resourced rural HHAs.

Are HHAs paying home health aides less than equivalent positions in other care settings (for example, are aides in the inpatient hospital setting or nursing home setting paid more than in home health)? What are the reasons for the disparity in hourly wages or total pay for equivalent services?

As of May 2022, the mean annual income for home health aides was \$29,660; approximately \$14.26 per hour.¹⁸ In nonmetropolitan areas payment rates can be significantly lower, closer to \$ 10.62 to \$12.46 per hour.¹⁹ In general, home health aides are paid slightly less than other comparable health

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ HOME CARE ASSOCIATION OF AMERICA, *The Home Care Workforce Crisis: An Industry Report and Call to Action*, 18 (Mar. 2023) https://www.hcoa.org/uploads/1/3/3/0/133041104/workforce_report_and_call_to_action_final_03272023.pdf.

¹⁸ U.S. Bureau of Labor Statistics, Department of Labor, Occupational Employment and Wage Statistics: Home Health and Personal Care Aides (May 2022), <https://www.bls.gov/oes/current/oes311120.htm>.

¹⁹ *Id.*

care professions. For instance, aides in nursing care facilities have a mean annual income of a mean hourly wage of \$15.44, aides in assisted living communities make an average of a mean wage of \$15.45 hourly and mental health facility aides \$15.39 on average hourly.²⁰

The disparity in hourly wages or total pay for equivalent services could be attributed to several factors. For one, HHAs typically operate on limited budgets, and their funding and reimbursement rates may not be as substantial as those of larger institutions like hospitals or nursing homes. As a result, they may have less financial flexibility to offer higher wages to their home health aides. Home health care also involves one-on-one care in patients' homes, which can be perceived as less intensive than the care provided in institutional settings like hospitals or nursing homes. As a consequence, home health aides may be paid less due to perceived differences in level of responsibility and complexity of care.

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

When rural beneficiaries leave the hospital with home nursing care, they transition from highly supportive medical environments with numerous healthcare professionals to non-medical settings where formal and informal caregivers provide support.²¹ This shift poses challenges for patients and caregivers, as they must navigate confusing and sometimes contradictory information given by multiple clinicians. Home health aide services are crucial in supporting this transitional time in a patient's care.

Patient safety at home is just as critical as patient safety in hospitals, as unsafe conditions in the home can lead to avoidable hospitalizations or placements in skilled nursing facilities. Home health aides' services have proven to decrease patient costs, improve health outcomes, and reduce hospital stays.²² Simply put, without access to these vital services, patient health care may be forgone completely, leading to worse health outcomes for beneficiaries and increased hospitalizations.

Thank you again for the chance to comment on this proposed rule and request for information. We look forward to continuing to work together to meet the needs of rural beneficiaries. If you would like more information, please contact NRHA's Regulatory Affairs Manager, Alexa McKinley (amckinley@ruralhealth.us).

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association

²⁰ *Id.*

²¹ Katrina M. Romagnoli, Steve M. Handler, & Harry Hochheiser, *Home Care: More Than Just A Visiting Nurse*, 22 BMJ QUALITY & SAFETY 972, 972 (2013) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4120108/>.

²² *Id.*