Post-Acute Recovery At Home Act

Hospital overcrowding is leading to increased patient "boarding" in emergency rooms (ERs) across America. Patients, who are ready to be discharged, are stuck in the hospital because there are not enough beds in skilled nursing facilities (SNFs) or home health providers in their area, thereby creating back-ups among patients in the ER waiting for admission. We need to expand post-acute care options urgently. This legislation will allow Medicare beneficiaries who qualify for a SNF stay to receive post-hospitalization services at home.

Medicare Post-Acute Care: The legislation will expand Medicare's post-acute options by creating a new set of services called "home-based recovery services" (HBRS) modeled after the SNF benefit. Details of the bundle are below.

Patient Choice and Flexibility: Not only would HBRS create an immediate and necessary expansion of post-acute capacity, patients and caregivers want it. A survey found that 86% of all adults and 94% of Medicare beneficiaries prefer care at home after hospitalization. In fact, patients and caregivers showed a "substantial willingness" to pay extra for quality home-based care.

Decrease in Care Gaps: : Home-based care expands options in rural and urban areas and changes the power dynamic between patients and health professionals. Medical providers become guests in a home rather than part of the "system." This leads to a greater ability to build trust and communication.

- **People recover faster in the home -** A 2021 study by the National Institutes of Health (NIH) found that at-home patients had a 26% lower risk for readmission.
- **Receiving care in the home can be less stressful for the caregiver -** A case-study found that 96% of caregivers found in-home care less stressful than a previous experience. Benefits cited included comfort, reduced transit time, minimized infection risk, improved sleep and nutrition, animal companionship, among many others.
- **An at-home care option frees up hospital's limited facility capacity** - The Minnesota Hospital Association found that patients spent 65,000 more days in inpatient hospital beds than needed.

How will it work?

As part of the hospital discharge planning process, beneficiaries who qualify for skilled nursing benefits would be given the choice to recover at home with traditional home health agency services. Patients become eligible based on an assessment tool that includes consideration of an individual's place of care preferences, functionality, medical conditions, and questions regarding care and family caregiving concerns.

Additional Benefits that Go Beyond Traditional SNF Services

- Daily skilled nursing care as needed.
- Daily physical and occupational therapy as needed.
- Daily speech-language pathology services as needed.
- Personal care as needed.
- Non-emergency transportation.
- Clinically appropriate meals.
- Remote patient monitoring.
- Home adaptive equipment.
- Respite care and caregiver supports, education, and training.
- Medication management and patient supports.
- Care coordination, discharge planning and transition supports.

Program Specifics

SStarting from the hospital discharge, the bill would create services are covered for 30-day (100-day maximum), by a new Post-Acute Recovery Provider. Payment is limited to 90 percent of the national median 30-day payment amount for extended care services furnished in a skilled nursing facility under Section 1812.

- Patient must meet SNF benefit eligibility.
- Patient must reside at home.
- The patient receives care from the newly defined home-based extended care providers.
- There is no cost-sharing.
- The payment is dependent on the Secretary and CMS's discretion.
- The Secretary has authority to set the base rate, which includes annual MBI updates, case mix adjustment, wage index, and an outlier authority.

Moving Health Home
An Alliance to Advance Home-based Care Policy

Moving Health Home (MHH) is a coalition made up of stakeholders working to change federal and state policy to enable the home to be a clinical site of care. For more information, visit https://movinghealthhome.org/.