On behalf of the Home Care Alliance of Massachusetts, we appreciate the invitation to participate in the Department of Higher Education’s (DHE) healthcare workforce development efforts, specifically as it pertains to the direct care workforce. The issues discussed at the Allied Health Initiative meeting were of vital interest to our organization and our members, since workforce adequacy and a high turnover rate are two major challenges in particular.

The Home Care Alliance is a trade association of 200 home care agencies that are both Medicare-certified – authorized to provide medical services for reimbursement from Medicare and MassHealth – and privately paid supportive services. From maternal and child health services to chronic disease management to physical and occupational therapy at home, our members provide a versatile array of services that help people remain in their place of residence.

As was discussed at the recent Allied Health Initiative meeting, home based health and supportive care is an important component of Massachusetts healthcare safety net and agencies offer a broad array of services, including some traditionally offered only in acute or rehabilitation hospitals to patients with serious acute, chronic or terminal illness.

Later in this document, we provide a brief description of who provides, receives and pays for home care in various circumstances. Directly below are some comments and suggestions for the DHE as work progresses on strengthening the direct care workforce.

First, the Home Care Alliance encourages the DHE to recommend policy changes to the state that would strengthen direct care in Massachusetts. Among those changes are:

1) Oversight of federally-certified home health care (agency-based Medicare and Medicaid/MassHealth services in the home) and privately-paid home care services. Massachusetts is one of only five states without either licensure or a “certificate/determination of need” process for this type of service. Part of that is moving private pay home care out from the Division of Labor Standards, which registers staffing and placement agencies alongside home care and our association has spent years making sure that legislation and other policies for those agencies properly excluded home care.

2) Allowing registered nurses in the home health care setting to delegate certain medication administration tasks to certified home health and hospice aides. The Home Care Alliance supports current legislation (S.1064, An Act Relative to Home Health and Hospice Aides) that would bring about this change, which would recognize the changing scope of work that can be safely provided by paraprofessionals with appropriate nurse oversight.

An attached fact sheet provides more information on this legislation.
In terms of other recommendations for the DHE, and based on discussions from the recent Allied Health event, the Home Care Alliance presents the following suggestions and comments:

- Any state-based certifications for home health aide services, certified nursing assistants, personal care homemakers, or otherwise should be transferable across care settings.

  This will improve flexibility for newly-certified workers, but will also gradually improve understanding and communication between settings in a healthcare environment that is becoming increasingly integrated.

- Allow certifications from other states for certified home health aides and other designations to qualify in Massachusetts for at least a basic level.

  There can be other educational components for an “advanced” home health aide that the state can add, but accepting certifications from other states will improve access to care for patients at a time when there is a growing workforce need.

- Many new niches in the direct care workforce have emerged and the DHE can help define those roles while streamlining the education and credentialing to provide a full range of support services in the community.

  Between community health workers (CHW), health coaches, personal care homemakers and other designations, there are a variety of individuals that can go into a person’s home – sometimes these workers are performing tasks that overlap. This can be confusing for the consumer or patient, not to mention redundant. The DHE should consider cross-training for “advanced” home health aides, or another tier of education for workers that are interested in further professional development. If workers are trained to do more, that will be more attractive to employers, reduce redundancy and allow multiple provider types to better coordinate care.

  We specifically suggest that there should be modular training programs possibly representing different levels of certification.

- Palliative care is becoming increasingly important and the role of direct care workers, particularly home health care, should not be overlooked in the DHE’s program development.

- HCA wholeheartedly agrees with the DHE’s suggestion to “Conduct a survey or gap assessment of training programs including locations, graduation rates, additional curriculum content areas included, and costs.”

  Oftentimes, neither employing agencies nor trainees can afford to pay for their education and this is another barrier that must be addressed. A loan program in partnership with schools, employers, and the state could be a potential solution.
• While the PHCAST curriculum is a great tool and a good start, the DHE should continue to work with community care provider groups to develop a comprehensive curriculum that suits the needs of people receiving care. The DHE should also look to other states in a search for best practices.

• The DHE should be careful to note the difference between community care providers, what payers reimburse caregivers and providers for which services, and the range of services available. A brief guide to this is below:

Providers, Patients and Payment

With such an array services available to those who need and benefit from home-based care, the ways in which patients receive care and providers get reimbursed can be complicated. The following is a brief explanation of various ways services are accessed and paid for.

Medicare: The federal Medicare program remains a major payer of home health services. If you are over 65 and need post-hospital care at home to recuperate from an acute illness, such as a stroke, heart attack, or hip replacement then your care is fully covered by Medicare and provided by a certified visiting nurse association or home health care agency. This can include nursing care, therapy care or home health aide assistance (see below).

Managed care has been introduced into the Medicare program in recent years, and often provides the same Medicare home health benefits, only differently managed. About 18% of Massachusetts elders are enrolled in these plans, known as Medicare Advantage plans.

There are about 130 home health agencies in Massachusetts providing services to Medicare patients. About one in every ten Massachusetts persons on Medicare receive home health services.

Medicaid/MassHealth: Massachusetts residents who need home-based health care, but are younger and income-qualified receive care provided by the same Medicare-certified visiting nurse/home health agencies, but the services are covered under the MassHealth/Medicaid state plan. The MassHealth plan provides care for Massachusetts residents with chronic health care problems such as multiple sclerosis or HIV, as well for about 600 children with complex medical needs on feeding tubes and respirators who, but for home health care, would be either in a hospital ICU or pediatric nursing home.

Executive Office of Elder Affairs: Frail elders with longer term and generally non-clinical supportive care needs receive assistance through the state's Home Care Program and Home and Community Based Waiver. These services are coordinated by the 27 Aging Service Access Points (ASAP's) and are provided either by Medicare certified agencies or state contracted home care agencies.

These programs offer varying levels of service depending on a person’s need or income, from basic support to advanced care (Enhanced Community Options Program or
ECOP). Clients who are determined to be qualified for nursing home care can get the highest level of service through the ASAP.

**Private Duty Home Care:** Many families choose to get care known as Private Duty Home Care. It is difficult to estimate the scope of this service as it is not tracked in any state or federal database. Last year, members of the Home Care Alliance provided more than $50 million in privately paid home care services.

**Personal Care Attendants (PCA’s):** Disabled citizens who meet certain need criteria can choose to get financial support through MassHealth to hire and direct their own "personal care attendant" (PCA). According to the latest report from the state’s Personal Care Attendant Workforce Council, about 75% of participants in this program are disabled individuals under 65 years of age. The state’s PCA program provides care to approximately 16,000 residents at a cost of $299 million.

**Free Care and Community Funding:** Many not-for-profit home health agencies receive grants or community funds through donations, town appropriations, the United Way, or other arrangements to provide care at home or in community clinics to local residents free of charge or on a sliding fee scale basis.

Despite its low profile, home healthcare has become recognized by policymakers, budget-writers, insurers, and other healthcare providers as a solution to some of the challenges faced by our health system. Here are some of the reasons:

- **Cost-effectiveness.** Home healthcare services offer significant savings over inpatient care at hospitals, rehabilitation centers, and nursing homes for many patients who do not need round-the-clock supervision.

- **Responsiveness.** Certified home healthcare agencies offer care 24 hours a day and are able to make admission visits during evenings and on weekends. Care is provided as needed regardless of the time of day.

- **Advanced Capabilities.** Specialized care programs and services such as remote monitoring (telehealth), medication management, care transitions services, and patient self-management are coordinated by home care agencies with physicians and other care providers to avoid more costly interventions and achieve optimal healthcare outcomes.

Members of the Home Care Alliance of Massachusetts are able to provide a range of services, including, but not limited to:

- **Adaptive Equipment**, such as grab bars and elevated toilet seats, help people with limited mobility and strength perform daily activities.
- **Adult Day Health** features onsite congregate care during the day
- **Alzheimer’s/Dementia Care** includes specialized services to meet the needs of people with these conditions
- **Appointment Escorts** help clients get to health & medical appointments
- **Care Management** by a licensed professional, often a social worker or nurse
- **Chores & Cleaning** includes tidying, cleaning, lifting, etc.
- **Companions** alleviate loneliness and encourage socialization
- CWOCN* stands for Certified Wound & Ostomy Care Nurses
- **Durable Medical Equipment**, such as wheelchairs, etc., can be purchased or found through this agency
- **Home Modification** with ramps & widened doorways improves mobility
- **Homemaking** includes laundry, light cleaning, & meal preparation
- **Hospice*** programs provide end-of-life care & counseling
- **Intravenous Therapy*** is usually provided by a nurse with special training in IV use and medication administration
- **Live-in Aides** provide around-the-clock assistance and reassurance
- **Maternal & Child Health** programs focus on new mothers and infants
- **Medical Social Work*** coordinates services from other sources
- **Medication Management** is assistance in tracking and taking prescription medications
- **Nursing*** provides skilled assistance with health & medical issues
- **Nutritionist** programs are usually provided by registered dietitians who offer recommendations based on medical needs, etc.
- **Occupational Therapy*** improves fine motor skills
- **Pain/Palliative Care*** programs alleviate or manage chronic pain
- **Pediatric Nursing*** is skilled nursing care for children
- **Personal Care/Home Health Aides** provide assistance with toileting, bathing, transferring to/from bed, etc.
- **Personal Emergency Response Systems** enable clients to contact medical help automatically via telephone in an emergency
- **Physical Therapy*** improves strength & mobility
- **Private Duty Nursing** provides nursing care for more than 2 hours at a time for patients who require close, constant monitoring
- **Psychiatric Nursing*** provides treatment for mental disorders
- **Respiratory Therapy** addresses breathing disorders
- **Speech & Language Therapy*** improves communication skills
- **Staffing** provides subcontracted workers for nursing homes
- **Telehealth Monitoring** uses telephone technology to help individuals manage their own care
- **Transportation** helps clients get to regular appointments

* May qualify for Medicare reimbursement.

Thank you for the opportunity to provide input now and in the future. We look forward to continuing this work with the Department of Higher Education.

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Home Care Alliance of Massachusetts