Testimony of the Home Care Alliance of Massachusetts  
Joint Committee on Health Care Financing  
Nursing Facilities, Long-Term Care & Home and Community Based Services  
RE: Support for H.998, An Act strengthening the quality and efficiency of home health care services

Chairman Welch, Chairman Sanchez, Members of the Joint Committee on Health Care Financing, and staff, thank you for the opportunity to offer comments on behalf of the Home Care Alliance of Massachusetts in strong support of House Bill 988, An Act strengthening the quality and efficiency of home health care services.

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. These agencies collectively offer a wide range of services from assistance with Activities of Daily Living (ADL) to managing chronic diseases, Alzheimer’s care, home telemonitoring, and physical therapy.

In our mission to “unite people and organizations to advance community health through care and services in the home,” we believe that Massachusetts can no longer continue to operate without state-based standards for home health agencies. As you may know, the Commonwealth is one of only five states without either a license or “certificate of need” process for these providers. House Bill 998 would create a commission of state officials and home health care leaders to analyze oversight measures in other states and our unique health care landscape to make recommendations on the best solution for Massachusetts.

This legislation is first and foremost about consumer protection. Those on Medicare and MassHealth requiring in-home medical care, as well as their loved ones, deserve at the very least a minimum standard that filters out lower quality care. Home health agencies should also be held accountable for the benefit of the health care community at large. Any provider referring an individual to home health services should feel confident that their patients are transitioning to home with a competent agency to care for them. Moreover, with hospitals facing financial penalties for readmissions and a shared duty across all providers to reduce cost and improve quality, we should ensure that the reputation of Massachusetts healthcare is not lost when people move to community-based care.

To be clear, there is a longstanding tradition of excellent care provided by the state’s home health community. Some of the first Visiting Nurse Associations, or VNAs, in the country were in Massachusetts and a century later, many are still operating today. There are so many more, however, that have fallen victim to inadequate payment rates from MassHealth and to market forces that do not value quality and best practices.

With an aging population, many view a potentially profitable market without regard to quality or a sense of service. They see the relative ease of opening a home health agency
and the numbers reflect that trend. Since 2000 when there were 119 agencies, the number has grown to 195 in 2015. As of April, there are 83 agencies on a pending certification list. Although many on that list are seeking recertification, a majority are new agencies based on our research.

This growth must be a subject of discussion on the commission. While the Home Care Alliance is not trying to protect any existing providers at the expense of growth, we are trying to protect access to MassHealth home health services as well as the quality care and experience of those agencies that have served their communities well. In other words, all home health agencies – those new and currently operating – should all be held to the same standards.

Additionally, H.998 highlights that payment rates should be part of the discussion. MassHealth last adjusted home health payments eight years ago for aides and nurses. Physical, occupational and speech therapy services provided in the home have been waiting even longer. Since 2007, home health aide rates to agencies from MassHealth have remained at $24.40 per hour, which is meant to cover aide salary, benefits, travel, supervision and administrative costs for the employing home health agency. In 2008, the agencies received a 9c cut of 20 percent to in-home skilled nursing payment after a person had been on services for 60 or more days. These are the very patients that are at risk of going back into facility-based care and most, according to MassHealth, have behavioral health diagnosis that are addressed in the longer term episodes.

Payment issues must be addressed as the state does not hold rate-setting hearings for home health as it does for nursing facilities and other providers. The commission set up under H.998 has the ability to bring this to light, along with the vast diversity in services provided by home health agencies collectively across Massachusetts.

Below are just some of those offerings:

- Skilled nursing
- Physical/Occupational/Speech Therapy
- Alzheimer’s/Dementia Care
- Palliative Care
- Wound Care
- Diabetes Care
- Intravenous Therapy
- Medication management
- Hospice
- Home telemonitoring
- Pediatric home health (continuous skilled nursing)
- Maternal & Child Health
- Medical Social Work
- Respiratory Therapy
- Psychiatric Nursing
- Falls Prevention
- Home safety and self-management assessments
With these and many other innovative programs, Massachusetts should be taking full advantage in the endeavor to care for its citizens in the most efficient and least restrictive setting. Home health agencies should be looked at as full partners of Accountable Care Organizations and Patient-Centered Medical Homes. Home health agencies should be able to receive reimbursement for services that are proven to deliver results for patient quality, the healthcare community and for government payers.

It is time we considered “the home” a health care setting and recognize the tens of thousands of workers employed by a home health agency. The commission created under H.998 would place Massachusetts on a path to better community-based health care and strengthen a network of dedicated agencies providing compassionate and comprehensive in-home care.

We strongly and urgently request that this committee advance this legislation and appreciate your consideration. Please feel free to contact me (jfuccione@thinkhomecare.org, 617-482-8830) should you have any questions or would like further details on our comments.

Thank you.

James Fuccione
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Home Care Alliance of Massachusetts