



2024 State Legislative Agenda

Connecticut Association for Healthcare at Home

The Right Care, at the Right Cost, in the Setting People Prefer Most—*Their Own Homes*.

2024 Legislative Priorities:

1) Ensure safety of Home and Community-Based Service (HCBS) Providers

- Establish additional reimbursement rate for medical and non-medical home care services in high risk situations
- Require transparency for referral information for all HCBS
- Fund Personal Protective Alarms for Rapid Emergency Response for front line providers

2) Sustain Medicaid HCBS Providers with Consistent Annual Medicaid Reimbursement Rate Increases for BOTH Home Health and Non-Medical Home Care Providers

- HCBS providers face severe workforce shortages, rising costs of care and inadequate Medicaid rates causing agencies to refuse referrals which impacts state cost savings and goals to keep people home.
 - Restore Medication Administration (med admin) rate to 2016 rate
 - Implement consistent annual Medicaid home health, med admin, complex care for both adults/pediatrics and non-medical home care rate increases indexed to federal CPI
- Create a Medicaid rate for Home Health Social Work visits
 - The role of the Social Worker in the home is crucial to determining “real life” social determinants of health (SDoH), guiding those clients toward available resources and supporting those with Behavioral Health and Palliative Care needs.
- Implement PAID caregiver model for:
 - Spouses within the Adult Family Living services model
 - Family Caregivers within Skilled Continuous Nursing Home Health for Complex Care of Pediatrics and Adults
- Provide funding to recruit and retain staff and to educate and prepare healthcare workers for tomorrow

3) Remove Costly Unfunded Regulatory Burdens and Liability Risks on Home Health, Hospice and Non-Medical Home Care Providers in Collaboration with DSS, DPH and DCP.

- For Licensed Home Health and Hospice through DPH: Fast track and finalize the revisions to the severely outdated (1979) DPH Home Health and Hospice regulations.
- Regarding the HIE (Connie), promulgate Regulations/Policies & Procedures to mitigate risk of shared restricted health information and individual provider agency risk due to breach of Connie system.

4) Promote informed decision-making for End-of-Life (EOL) care through consumer and provider education about high-quality EOL care alternatives such as Palliative Care and Hospice.

- Support state initiatives to enhance serious illness care through improved education at the professional level for palliative care, advanced care planning and informed choice.

Any questions, please contact Tracy Wodatch (wodatch@cthealthcareathome.org).



ADDENDUM:

Who We Are:

The Association membership includes both licensed and certified home health and hospice providers as well as non-medical home care providers:

- Home Health and Hospice agency-based providers:
 - Licensed by the CT Department of Public Health (DPH), audited by the CT Department of Social Services (DSS), and certified by the Centers for Medicare and Medicaid Services (CMS).
 - Deliver physician/APRN-ordered in-home and community-based medical services to CT Medicaid and Medicare beneficiaries as well as individuals with commercial insurance throughout all 169 Connecticut towns and cities.
 - Services include **skilled nursing, therapy, social work and home health aides** who provide high-quality, high-tech, skilled medical and behavioral health Home Health and Hospice services to individuals of all ages
- Non-medical home care providers (Homemaker-Companion Agencies):
 - Registered with the Department of Consumer Protection (DCP)
 - Provide supportive care, non-medical services to maintain individuals in their homes. Services include homemakers, companions, personal care attendants, live-ins.
- Together, all home and community-based services reduce unnecessary and costly hospital readmissions, keep individuals with chronic conditions stable at home and contribute to the success of CT's Long-Term Services and Supports Plan by fostering personal independence, Aging in Place, and successful transitions from institutions to home and community-based settings. According to a DSS annual report, Home and Community-Based Services SAVED the CT budget \$508.4 million in FY 2019 alone and over \$2.5 billion (2006–2019).