You are invited to
The Connecticut Association for Healthcare at Home
Home Care and Hospice Provider Legislative Breakfast and Day at the State Capitol

**Tuesday, February 19, 2019**
**Legislative Office Building (LOB)**
300 Capitol Avenue, Hartford
1st floor - Private Dining Room - Behind Cafeteria

Free parking is available in the Garage behind Legislative Office Building.

Coffee and Bagels: 8:00 - 10:00AM
Informal Program 8:45 - 10:00AM
Brief visits with your Legislators: 10:00 - 11:00AM
Current News

Association Submits Testimony Opposing Mandated CT Paid Family Medical Leave

Deborah Hoyt, Association President and CEO, submitted testimony on behalf of home health and hospice agency members outlining the business implications and costs to both employers and employees if Paid Family Medical Leave passes the state legislature this session:

- Workers will see pay reductions of at least 0.5% whether they utilize this benefit or not.
- Employers will be required to continue to pay non-wage costs for those using the program (unemployment compensation, workers’ compensation, health insurance, etc.)
- Taxpayers will pay for the projected $13 million in startup costs and $18 million in ongoing costs to administer the program.
- Employers will be responsible for administrative compliance, such as transferring wage deductions to the state and managing workplace absences.
- Employers, particularly our smaller home health and hospice agencies, will bear the cost to hire replacement workers, in an already challenging recruiting environment.
- Employers have already made efforts to offer greater flexibility in the benefits they provide to workers, which run the risk of being reduced to comply with the one-size-fits-all requirements of the program.

Read Hoyt’s testimony here

Association Proposes 3 Legislative Concepts to Increase Medicaid Provider Reimbursement

The Association has been meeting with key CT legislators over the past two months to stress the financial challenges facing Medicaid home health providers while communicating the tremendous value and cost savings these providers afford the State budget. In the last state fiscal year alone, $360-Million was saved by home and community-based providers in the CHCPE program. The Association continues to discuss Medicaid reimbursement with Human Services and Public Health Committee leadership as well as directly with DSS and OPM officials.
The Association presented three legislative bill concepts to State Rep. Michelle Cook and the Human Services Committee to advance the Medicaid reimbursement argument:

1. Provider Reimbursement Code for Medicaid Behavioral Health Outpatient Counseling to Cover Medicaid In-Home Social Work Services
2. Integrate Home Health Telemonitoring into the State Telehealth Initiatives
3. Address Inadequate Home Health Medicaid Provider Rates to Continue State Budget Saving Trend

Read more about the Association’s proposed bills here

Register Now: May 9 Annual Statewide Hospice & Palliative Summit
Award Nominations Being Accepted for Excellence in End-of-Life Care Award

Registration is now open for the Association's May 9 full-day Statewide Hospice & Palliative Summit at the Aqua Turf in Southington. The event is open to all providers across the healthcare continuum.

Nominations are being accepted for The Florence Wald Award for Excellence in End-of-Life Care which will be presented to an individual or agency on May 9 at the Summit.

Print the Award nomination form here
Print the May 9 Summit Registration Brochure here

Home Health Care Agencies Threatened as Wages Rise, Reimbursements Lag
Home Health Care News

As more states push to raise the minimum wage, home-based care companies must work harder than ever to attract and retain workers as competition among employers grows.

In home health care, agencies' success often depends on Medicaid reimbursement, which is not keeping up with wage inflation in some states. And in private-pay home care, increased competition for workers is putting pressure on wages that is sometimes not sustainable, forcing providers to consider other options for attracting and retaining workers.

In 2019 alone, 18 states started the year with higher minimum wages than the year before. In places like California and Washington, D.C., the minimum wage is set to rise as high as $15 in the years to come.

Many have praised the increasing rates as a win for low-income workers such as caregivers, one in four of whom lives below the federal poverty line.

But the move could be problematic for home health care agencies in states that don’t pair minimum wage legislation with proportionate Medicaid reimbursement increases, according to Darby Anderson, chief development officer at Addus HomeCare Corporation (Nasdaq: ADUS).

"We are absolutely supportive of raising wages, whether it's minimum wage or otherwise," Anderson told Home Health Care News. "The problem is they have to be funded."
Additional information and data on Workforce:

A new report from the Paraprofessional Healthcare Institute (PHI) notes data from the Bureau of Labor Statistics (BLS) indicating that the direct care workforce will grow more than any single occupation in the country, adding the greatest number of new jobs in 38 of the 50 states, from 2016 to 2026.

https://homehealthcarenews.com/2019/02/5-ways-to-create-an-ideal-first-day-for-home-care-hires/

Medicare News

Congress Considering New Legislation Urging Evidence-Based PDGM Changes
Home Health News

Newly introduced bipartisan legislation in the U.S. Senate is targeting the widely opposed behavioral adjustments set to hit home health agencies next year under the Patient-Driven Groupings Model (PDGM). If passed, the legislation would require the Centers for Medicare & Medicaid Services (CMS) to base Medicare reimbursement rates on observed evidence and data, instead of on assumed changes.

Introduced Monday by Senators Susan Collins (R-Maine), John Kennedy (R-La.), Bill Cassidy (R-La.), Rand Paul (R-Ky.), Debbie Stabenow (D-Mich.), Doug Jones (D-Ala.) and Jeanne Shaheen (D-N.H.), the bill (S. 433) is similar to one of several PDGM opposition bills introduced last year.

However, key updates to this bill include fine-tuned language about "observed evidence" and phasing of payment changes, limiting losses or gains to 2% per year to ensure budget neutrality within 10 years.

PDGM was mandated to be budget neutral by the Bipartisan Budget Act of 2018.

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Career Center

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