



## CONNECTICUT ASSOCIATION FOR **HEALTHCARE AT HOME**<sup>SM</sup>

### Home health care in jeopardy because of budget stalemate

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HARTFORD, Conn. (WTNH) – Home health care services around the state appear to be in jeopardy because of the continued [state budget stalemate](#) at the Capitol. Home health care is designed to save the state money by keeping the chronically ill out of Emergency Rooms and Intensive Care Units.

As we first told you on Friday; [the Governor's latest Executive Order](#) restored \$40 million to the non-profit agencies that provide services to the intellectually and physically disabled, but apparently those agencies that provide home health care were left out.

15-month-old Carson Knox was born with Bronchopulmonary Dysplasia, and not only has a tracheostomy breathing tube, he must be on the ventilator most of the time along with a feeding tube. Born prematurely, he was just 14-ounces at birth, and had heart surgery in his first week of life.

Followed by hernia surgery, his lungs collapsed several times, but because of ["Pediatric Services of America"](#) he was able to come home four months ago because the agency provides skilled field nursing at home around the clock at a much cheaper rate than in the hospital.

There are several hundred other children around the state in similar situations receiving the same kind of nursing at home that is now in jeopardy. Anthea Dennis, Carson's mom says, "If something goes wrong he's taken care of without a doubt. There's someone who knows how to handle emergency situations, which we've had since he's been home. He's pulled his trach out or he's stopped breathing and the nurses were there and they were there to give me the support because I'm going to panic."

The long term prognosis for Carson is good. He is among the children that is predicted to grow out of this condition and be able to live a normal life; but until then he needs this around the clock attention.

The short term prognosis for this program however is not so good, because this cut means they are no longer breaking even. "Really making our company make serious decisions about whether we can continue to provide this very important service to the pediatric population in Connecticut," said Jeanne Silverwatch of 'PSA Healthcare.'

There are five other agencies that provide this kind of service to adults. Deb Hoyt, of the Connecticut Association for Healthcare at Home added, "Other individuals are perhaps elderly clients, they're clients with Aids, it's maternal child health as well."

The so-called "add-on fees" paid by the state are designed to offset the extra cost of this high skilled nursing.

According to David Dearborn at the Connecticut Department of Social Services, in the absence of an enacted state budget, the Executive Order Resource Allocation Plan for Fiscal Year 2018 includes a funding adjustment for DSS that eliminates "home health add-ons" – estimated to save \$1.9 million in state funds. To implement this change, DSS is required to submit a State Plan Amendment to the federal Centers for Medicare & Medicaid Services (submitted July 12).

In terms of possible impact on the ability to prevent nursing home placement, these 'add-ons' are not an absolutely critical factor. They are a way to provide extra compensation to providers who apply for them (and not all even apply), according to Dearborn.

As they sound, payment add-ons are complementary to providers' main fee schedule rate. In other words, Dearborn says they enhance a provider's capacity, but they don't necessarily make or break a provider's ability to serve clients.

Agencies have been traditionally serving Medicaid enrollees with or without payment rate add-ons. In a brighter fiscal environment, the administration and legislature would be in a better position to retain the add-ons, according to Dearborn.

Even so, administration is in the beginning stages of looking at alternative ways to modify payments for special complex care services.