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

Who We Are:
Connecticut Home Health and Hospice agency-based providers are licensed by the CT Dept. of Public Health (DPH), audited by the CT Dept. of Social Services (DSS), and certified by The Centers for Medicare and Medicaid Services (CMS). We deliver physician-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.

- We are a growing industry with a workforce of over 20,000 on the ground in CT every day providing high-quality, high-tech, skilled “medical” Home Health services to individuals of all ages using the latest technology in compliance with physician orders for skilled nursing, rehabilitation/therapy, chronic care management, medication management, behavioral home health, pediatric nursing, and hospice.

- Our license and certification requirements make us distinctly different from other in-home and community-based providers who provide supportive non-medical personal care services including homemaker and companion to assist with activities of daily living such as bathing, meal preparation and transportation.

- Home Health agencies are vital 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 through Medicaid programs like Money Follows the Person (MFP). We are vital in reducing unnecessary and costly hospital readmissions by keeping individuals with chronic conditions stable at home.

2019 Legislative Priorities:

1. Recognize Home Health Providers Have Been Severely Under Reimbursed by CT Medicaid for a Decade while Saving the State Budget $103-Million Each Year through Cost-Effective In-Home Care Delivery.

- The CT Dept. of Social Services (DSS) reports a State budget SAVINGS of $103-million per year by transitioning Medicaid clients to community settings for nursing care rather than costlier institutionalized care. Home Health is a State budget SAVINGS vehicle at $1.3-Billion over the past 11 years. CT Home health providers lose money on every Medicaid client as State reimburses only 60% of provider costs.

- DSS reimbursement cuts due to 2018-19 State Budget challenges continue to erode the home health provider safety net. Providers suffered a 15% rate cut for Behavioral Health Nursing in 2016, the Elimination of Medicaid Add-Ons in 2017 (equating to a 20% cut), and Medicaid reimbursement code changes further trimming reimbursement and adding administrative burdens to claim filing.

2. Remove Costly Unfunded Regulatory Burdens on Home Health Agency Providers through LEAN Process Management Collaboration with DSS and DPH.

- Implement LEAN process management to Medicaid Home Health Delivery particularly around authorization, eligibility, billing and payments. Revise and update outdated DPH home health regulations.

- Evaluate unfunded mandates and regulatory overreach for fairness and improved efficiencies specifically around Electronic Visit Verification (EVV), Scope of Practice for Therapy, Medicaid Face-to-Face, Preauthorization, and Mandated Overtime Pay.

3. Promote informed decision-making for End-of-Life care through consumer and provider education about high-quality end-of-life care alternatives such as Palliative Care and Hospice.