



2020 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.*

Who We Are:

Connecticut Home Health and Hospice agency-based providers are 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). 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 provide high-quality, high-tech, skilled “medical” Home Health and Hospice services to individuals of all ages in compliance with physician orders for:
 - **Skilled nursing** for post-acute care, chronic care management, medication management, behavioral health management, pediatric care and hospice
 - **Therapy** disciplines (PT, OT SLP) for rehabilitation and adaptation
 - **Social work** for counseling and to address Social Determinants of Health
 - **Home health aides** for personal care.
- Our license and certification regulatory requirements make us distinctly different from other in-home and community-based providers who provide supportive non-medical personal care services.
- Home Health and Hospice agencies are vital in reducing unnecessary and costly hospital readmissions. We keep individuals with chronic conditions stable at home. We contribute to the success of CT’s Long-Term Services and Supports Plan. We foster personal independence, Aging in Place, and successful transitions from institutions to home and community-based settings.

2020 Legislative Priorities:

1. **Increase Medicaid Reimbursement Rates for Home Health Providers Recognizing They Have Been Severely Under Reimbursed by CT Medicaid for a Decade while Saving the State Budget Nearly \$142 Million Each Year through Cost-Effective In-Home Care Delivery.**
 - DSS reports a State budget SAVINGS of nearly \$142 million per year by transitioning Medicaid clients to community settings for home care services rather than costlier institutionalized care. Home Health is a State budget SAVINGS vehicle at \$1.7 Billion over the past 12 years (FY 2006 – 2018). The reality is that CT Home Health providers lose money on every Medicaid client as the State reimburses only 60% of provider costs. None of the \$142million each year has been reinvested in home health.



- Implement a Medicaid rate for Home Health Social Work visits
 - DSS Medicaid reimbursement for Home Health has remained flat since 2007. Minimum Wage mandates and Cost of Living continues to climb. In addition, Medicaid cuts combined with added administrative mandates over the past 4 years 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 implemented the DSS mandated EVV process adding duplicative administrative burdens to operations and claim filing.
 - Due to inadequate Medicaid reimbursement rates, Continuous Skilled Nursing providers cannot recruit and retain skilled nursing staff to cover care at home for the medically fragile pediatric and adult population causing a backlog of patients held far too long in hospital settings. This results in significant cost burdens to our State.
- 2. Remove Costly Unfunded Regulatory Burdens on Home Health and Hospice Agency Providers in Collaboration with DSS and DPH.**
- Revise and update the outdated (1979) DPH Home Health and Hospice regulations to align with the 2018 Medicare Home Health regulations.
 - Ensure consistent, objective, fair DPH regulatory survey oversight and enforcement for both Home Health and Hospice. CT cites standard and condition level Medicare findings at a much higher rate than any other New England state and most other states throughout the country.
 - Continue to collaborate with DSS and DPH to implement LEAN process management to Medicaid Home Health Delivery focused on authorization, eligibility, billing and payments.
 - Evaluate unfunded mandates and regulatory overreach for fairness and improved efficiencies specifically around EVV, Hospice Room and Broad Pass Through, and Authorization Processes for both Medical (CHN) and Behavioral Health (BHO).
- 3. 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.**
- Work collaboratively with other state initiatives to enhance serious illness care through improved education at the professional level for palliative care and advanced care planning.
 - Address any legislation related to EOL care to ensure promotion of appropriate, timely hospice referrals while supporting informed decision-making and choice.

Any questions, please contact Tracy Wodatch (wodatch@cthealthcareathome.org) or 203-774-4940.