2021 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:
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:
  o 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).
  o 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.
  o Services include skilled nursing, therapy, social work and home health aides who provide high-quality, high-tech, skilled “medical” Home Health and Hospice services to individuals of all ages
• Non-medical home care providers (Homemaker-Companion Agencies):
  o Registered with the Department of Consumer Protection (DCP)
  o 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.

2021 Legislative Priorities:
1. Increase Medicaid Reimbursement Rates for Home Health and Non-Medical Home Care Providers Recognizing They Have Been Severely Under Reimbursed by CT Medicaid for over a Decade. Equally important is the need to consistently provide PARITY in the rates for home and community-based services.
   • Home and Community-Based Services SAVED the CT budget $1.1 Billion over the most recent 3 years (2016–2018) DSS reports a State budget SAVINGS of nearly $164 million per year by transitioning Medicaid clients to community settings for home care services rather than costlier institutionalized care (see attached flyer). However, the state has not reinvested that savings back to the community service providers.
   • Medicaid reimbursement for Home Health medical services has remained essentially flat since 2007—See attached slide “HHMedicaid Rates Remain Flat Since 2007.”
State funded waiver services received a 2.3%.

- To achieve **parity** with the waiver services, the home health medical service providers must also receive a 2.3% increase this fiscal year (NOW).
- Going into the 2022-2023 biennial budget, **we urge the CT General Assembly to implement a 4% rate increase for all services under Medicaid Home Health Care and Non-Medical Home Care.**

- 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. **See attached slide “Continuous Skilled Nursing Home Health Medicaid Rates”**
  - Average cost to provide care at home ($1K per day). Average cost to provide care in the institutional setting ($8-9K per day)!
  - CT rates are 15-17% less than MA and 21-25% less than NJ!

- Implement a Medicaid rate for Home Health Social Work visits (currently, there is no home health coverage for Social Work visits)—The role of the Social Worker in the home is crucial to determining “real life” social determinants of health (SDoH) and assisting those clients with available resources and supports.

2. **Remove Costly Unfunded Regulatory Burdens on Home Health, Hospice and Non-Medical Home Care Providers in Collaboration with DSS, DPH and DCP.**

- Allow APRNs/PAs in CT to sign Home Health orders and certify eligibility.
- Once COVID pandemic eases, revisions to the outdated (1979) DPH Home Health and Hospice regulations need to be fast-tracked.
- Collaborate with DCP, DSS and DPH to update DCP regulations and statutes pertaining to Medication Reminders/Prompting for non-medical Home Care helping to keep people in the least costly setting and their setting of choice.

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).