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:
  - 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).
  - 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.
  - 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):
  - Registered with the Department of Consumer Protection (DCP)
  - 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 by fostering personal independence, Aging in Place, and successful transitions from institutions to home and community-based settings.

2022 Legislative Priorities:

1. Sustain Medicaid Home and Community-Based Service (HCBS) Providers with Consistent Annual Medicaid Reimbursement Rate Increases for BOTH Home Health and Non-Medical Home Care Providers
   - While the ARPA HCBS funding proposal was deeply appreciated and critically needed to temporarily stabilize the workforce and service delivery, rates MUST be enacted that are adequate, sustainable, and predictable to prevent destabilization in the near future.
   - The State must continue efforts and investment in Home and Community-Based Services that has SAVED the CT budget $508.4 million in FY 2019 alone and over $2.5 billion (2006–2019) (see attached flyer).
o Implement a 10% Medication Administration rate increase to close gap of 2016 15% rate cut and to ensure the home health med admin patients receive the right care at the right cost in their homes.
o Ensure both Pediatric and Adult complex extended care rates are the same—cannot separate pediatrics from adults as same level of service is necessary.
o Support continued rate increases to align with Minimum Wage mandates, cost of living and inflationary impact.

• Implement a Medicaid rate for Home Health Social Work visits (currently, there is no home health coverage for Social Work visits)
o 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 especially for those with Behavioral Health and Palliative Care needs.

• Collaborate with DSS and OPM to create Value-Based Payment models using relevant quality metrics based on industry standards.

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

• For Licensed Home Health and Hospice through DPH: Fast track and finalize the revisions to the severely outdated (1979) DPH Home Health and Hospice regulations.
o Will ensure more contemporary regulations aligned with federal Medicare Conditions of Participation by separating Home Health and Hospice licensure
• For Homemaker-Companion Agencies (HCAs) through DCP:
o Clarify PCAs’ ability to do med reminders/prompting
o Clarify ability of HCAs to advertise care to those with memory loss
o Support current comprehensive background check process without adding undue burden
o Update Medicaid Provider Enrollment Form to align with HCA services (not HHA)

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).