Home Care Alliance of MA Testimony  
Joint Committee on Elder Affairs  
May 15, 2020  
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Thank you to the Chairs and all the Committee members for holding this hearing today. My name is Jake Krilovich and I am the Director of Legislative and Public Affairs for the Home Care Alliance of Massachusetts. Clearly, these are unusual times, and like others who have testified today, we should all be grateful for the thousands of aides and clinicians serving the Commonwealth’s most vulnerable in their homes. These workers are keeping people out of hospitals, or in many cases caring for COVID-Positive patients at home and helping hospitals to maintain bed capacity. I’m going to take a few minutes to outline the impact of COVID-19 on the delivery of care in the home, our consumers, and opportunities for the future.

In early March as the health care system in Massachusetts rapidly turned its focus to the COVID-19 pandemic, so too did the home care and home health industry. As you know, a race ensued to identify state and federal regulations that may have become barriers of access to care as the State, Federal Government, and health system looked to build its capacity for an incoming surge of COVID-positive patients. Among many changes, for home health this meant an expansion of telehealth flexibilities, allowing providers to provide services, where appropriate, via telehealth.

There was also a rapid shift in the precautions that agencies needed to take as aides and clinicians delivered care to people in the home. Large-scale personal protective purchasing and infection control refreshers all occurred in a matter of days. This has become the new norm and the direct-care workforce is still adjusting to the changes.

From a consumer standpoint, there were a lot of changes too. Remote virtual monitoring is an obvious one, but so too is interacting with an aide wearing a mask. And more broadly, out of concern for the virus, there has been between a 15 and 25% reduction in supportive home care services delivered due to client cancellations. Nationally, those numbers are similar for home health services. There is anecdotal evidence that this is improving as we adjust to the new norm, but it has had significant disruptions in the operations of these provider agencies. We are grateful to the State for the various efforts taken to stabilize this industry through this period and as we have said, it is critical to the pandemic response by ensuring continued support for this provider network.

This brings me to our workforce. With upwards of 20,000 aides and clinicians in the field on any given day, these professionals, as has been said today are the heroes. A nationwide home health survey indicates that 42 percent of home health aides report serving actively infected COVID-19 patients. In certain hot spots, that number can be as high as 86 percent. While patient cancellations led to a reduction in agency volume, our workforce has never wavered. We are seeing and hearing extraordinary stories of aides going above and beyond for their clients. From a home health physical therapist making visits through an outdoor window, to aides eagerly stepping up to care for COVID-positive patients, our member agencies point to a workforce that has truly stepped up.

But this hasn’t come without challenges, refusal to work out of fear of COVID is not the reason some workers haven’t been able to work. Lack of childcare is. School closures and client cancellations all point to an unstable workforce that must receive greater support from the state and federal government.
Again, we appreciate the legislature, EOHHS and the administration’s efforts to increase reimbursement during the public health emergency. It has not only assisted in agencies maintaining its workforce despite significant volume reductions, but it has also allowed many agencies to offer ‘appreciation or bonus pay’ for its workers. 58% of our member agencies are already giving appreciation pay or bonuses, with many more hoping to.

This brings me to my conclusion and the opportunities that the Home Care Alliance believes are in front of the legislature:

First, as I mentioned earlier, in the race to organize the pandemic response, certain changes and flexibilities were allowed for the duration of the public health crisis. As we begin to operate in the new norm, the State should look at some of these changes, and whether any of them can be translated into action beyond the public health emergency. For example, telehealth remote monitoring services provide an excellent opportunity to maintain a basic level of care for vulnerable populations, when an in-visit service is not necessary. Or, allowing clinicians like nurse practitioners to operate at the top of their license.

And lastly, we understand the precarious financial environment that the state is operating under, but this is exactly the moment that a significant investment be made in this workforce. As a State, we should be doing everything possible to support people in their homes, and that begins with building and supporting a high-quality direct-care workforce through an adequate and fair rate-setting process. Making permanent some of the emergency rate adjustments currently in effect, would be a great step forward.

While delivery of care may have changed forever, we should take this as an opportunity to take what we can from this moment and apply it forward so that we can support elders through this pandemic, and prepare for the next.

Again, I thank the Committee for the time today, and would be happy to answer any of your questions.