

Continuous Skilled Nursing Adult and Pediatric Services

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This is a cost-efficient solution



- At any time, ~30+ complex care patients sit in CT hospitals waiting to go home
- Why? Shortage of at-home Continuous Skilled Nurses to serve them
- Unnecessary Costs = \$100 Million Per Year

WHAT IS CONTINUOUS SKILLED NURSING (CSN)?

Continuous Skilled Nursing is different than traditional skilled nursing visits.

- Defined as 2+ hours per day of home health nursing services
- Ranges between 2-23 hours per day
- Average = 15 hrs/day
- 74% funded through Medicaid (non-Katie Beckett)
- 8% funded through Medicaid Katie Beckett Waiver Program*
- Typically provided in the home 1:1 in 8-hour shifts
- Each patient requires a team of 2-8 nurses (mostly LPNs) supervised by an RN Clinical Care Manager
 - Unlike traditional skilled nursing visits where 1 nurse cares for 30-40 patients
- Provides a path for medically complex patients to live safely at home
- Only 3 CT home health agencies specialize in Continuous Skilled Nursing

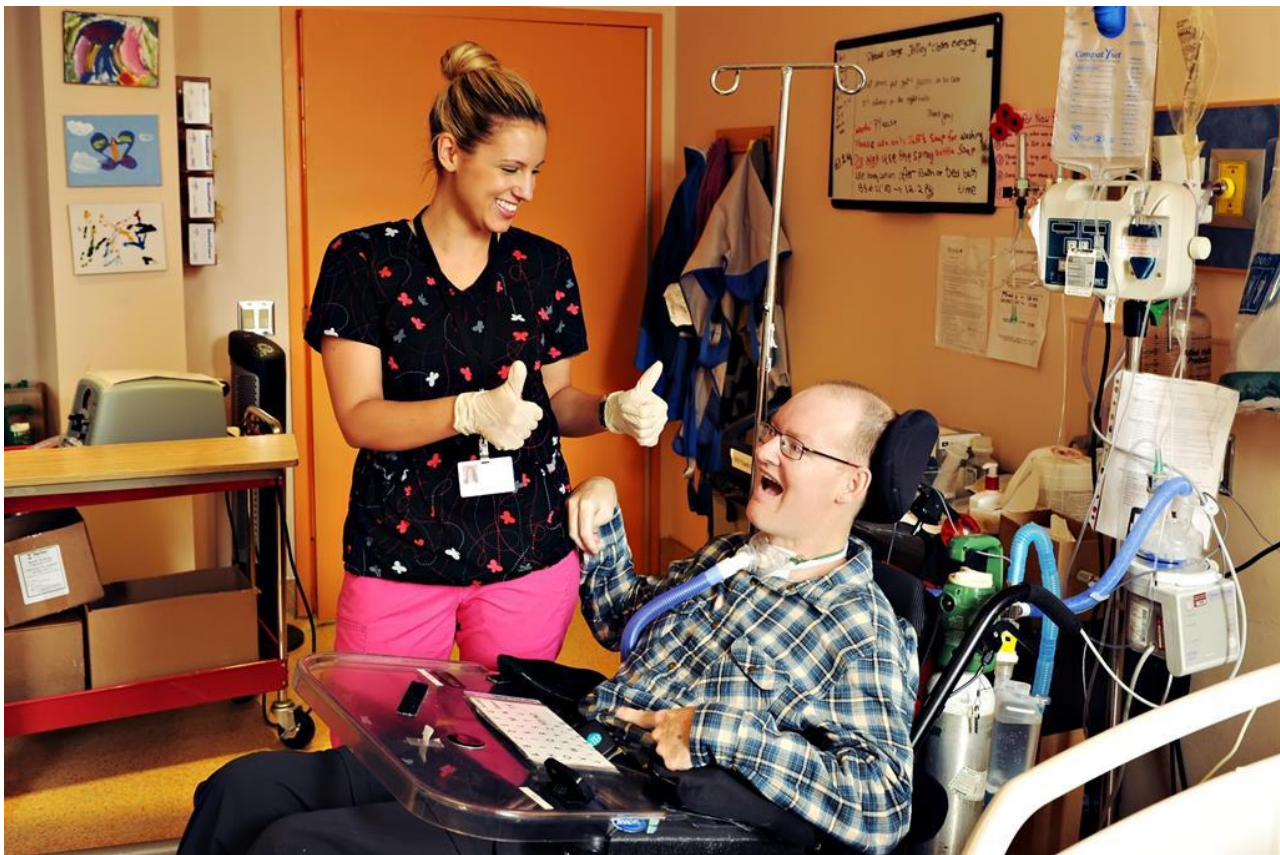


WHO ARE THE RECIPIENTS OF CARE?

- Discharged directly from NICU, PICU, ICU after long institutional stays
- ICU level patients being cared for at home
- Medically complex children and adults
 - Premature birth
 - Cerebral palsy
 - Neurological and respiratory conditions
 - ALS
 - Muscular Dystrophy
 - Genetic disorders
 - Traumatic brain injury
 - Spinal chord injury

Without access to continuous skilled nursing care, it would be necessary for these patients to be transferred to an acute or chronic disease hospital or the patient might remain home unsafely without proper care.

CARE INTERVENTIONS AT HOME



- Common skilled interventions
 - Ventilator-dependence
 - Tracheostomy care
 - Suctioning
 - Respiratory vest treatments
 - Oxygen-dependence
 - Bi-PAP
 - Feeding tubes
 - Seizure care and prevention
 - Complex and extensive medication and treatment profiles

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WHO ARE THE FAMILIES?

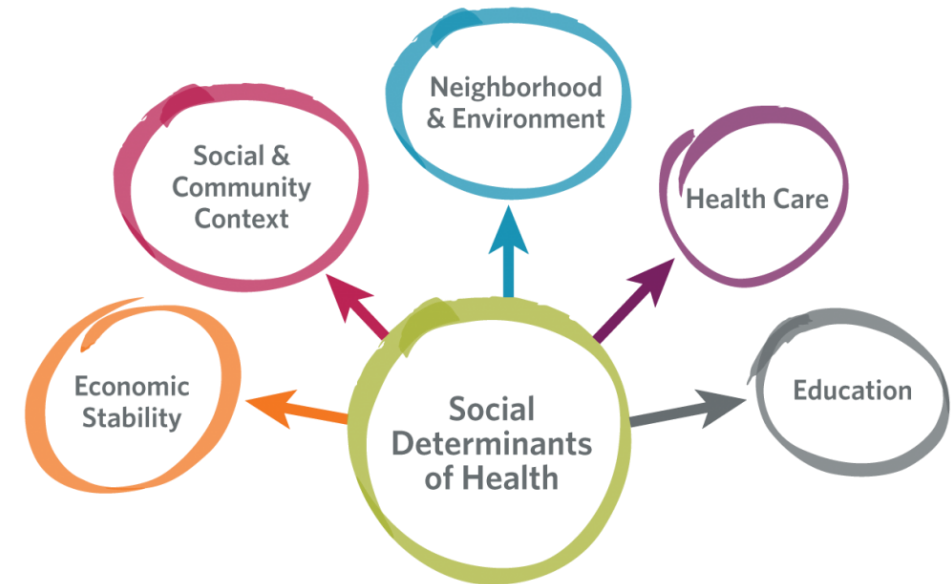


- Families lives have been often dramatically disrupted:
 - Most are single mothers caring
 - High incidence of divorce due to loss, trauma, and stress
 - Inability to work due to frequent call-outs
 - High incidence of bankruptcy due to medical bills, inability to work, and stress
 - High incidence of Medicaid utilization for added services to support the family
 - Other children and family responsibilities add additional stress

WHO ARE THE RECIPIENTS?

According to the *2003 Feasibility Study of a Project of Supportive Housing for Families of Children with Complex Medical Conditions* by the Connecticut Health Policy Project:

- Parents report severe difficulty in accessing consistent nursing care
- Shortage of care management that accepts children with complex medical conditions
- Children stayed in hospital settings long after they were medically appropriate for discharge to home because their families could not arrange consistent skilled nursing care at home, despite the fact that sufficient hours were approved by the state
- Avoidable hospitalizations of their children with complex medical conditions that were caused by the inability to find consistent nursing care
- Families pay significant amount out-of-pocket for their children's care - 9% to 12% of total family income
- 2/3 of parents of children with special health care needs reported that they had reduced their hours of employment or stopped working completely to care for their child
- 1/2 of families reported facing significant financial hardship





WHY IS THERE INCREASED DEMAND?

- Increase in advances of bio-medical engineering and technology
- Infants that were unable to survive 15 years ago are now being saved due to this technology, but many require life-sustaining equipment to live
- Life-sustaining technology has become more accessible and available for in-home use
- Adults with brain injuries, spinal cord injuries, Parkinson's, neuromotor disorders and degenerative diseases now have the option of living safely at home rather than a facility
- Trend to move patients from facility settings to community settings

WHY IS THERE A WAITING LIST?

At any given time, 30+ patients await discharge from a hospital or long-term care facility to a home health provider

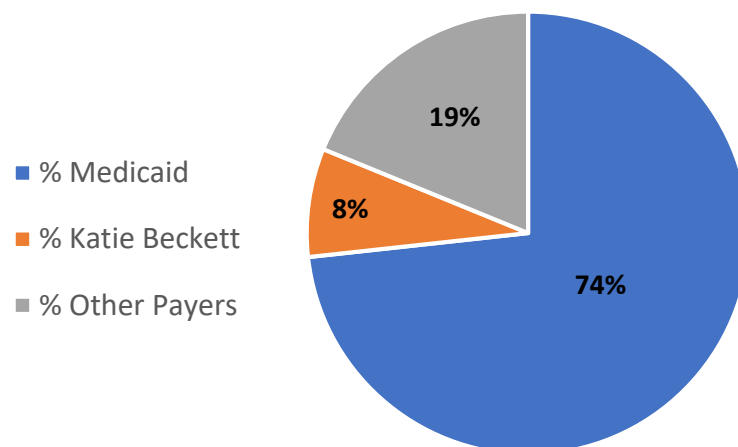
- Inadequate number of properly trained nurses living in CT
- Costs of training nurses these skills is significant and challenging (on-the-job training is not a feasible long-term option)
- Nurses are paid more in other settings (hospitals and SNFs)
- Costs of care exceed reimbursable Medicaid rate
- Supervision costs are not reimbursable
- Continuous Skilled Nursing requires added supervision, administration, QA
- Scheduling and operations are more complex and require additional technology and staff
- Because 74% funded by Medicaid (lowest payer), costs cannot be offset by other payers
- Only 3 of ~180 CT-licensed home health agencies specialize in Continuous Skilled Nursing
- Due to non-reimbursable costs and operational complexity, very few home health agencies provide Continuous Skilled Nursing

ADDED STAFFING CHALLENGES

- On average our three agencies offer services to ~300 Continuous Skilled Nursing patients
- HHAs providing Continuous Skilled Nursing are only able to staff 75% of the authorized hours
 - 2nd, 3rd, weekend and holiday shifts are most challenging to fill
 - Some areas of CT are very challenging to find nursing
 - Danbury
 - Near NY border
 - Litchfield County
 - Rural areas
 - Very limited number of nurses (RN or LPN) have vent and trach experience
 - Training nurses in a home health setting is challenging because our patients are not all in one place where a new nurse can be easily overseen by a mentor

CURRENT SITUATION

Continuous Skilled Nursing Funding Sources



Daily Costs for Caring for a Medically Fragile Client

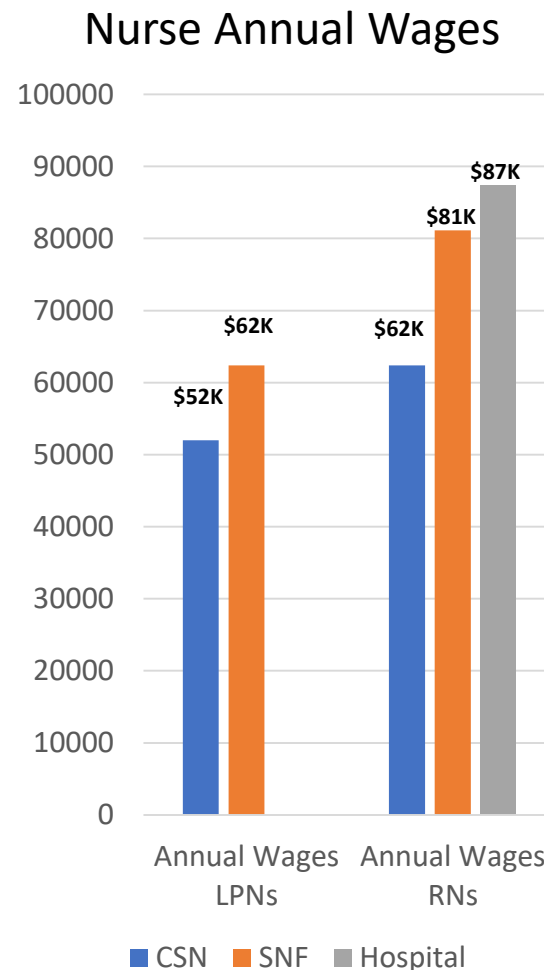
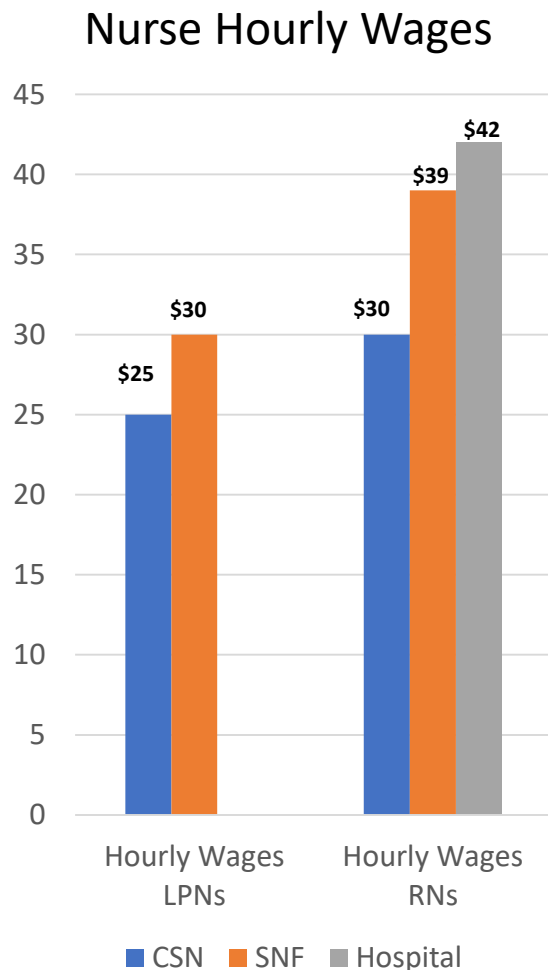
Cost to Care @ Home Per 23-Hour Day Per Patient	\$ 1,078
Cost to Care @ PICU/NICU/ICU Per Day Per Patient	\$ 9,100*

There are 309 clients currently on Katie Beckett Waiver

- 279 on the waitlist
- 4-year waitlist

CURRENT SITUATION

Average Nurse Compensation Across Settings in CT



Nurse Benefits

Hospital	<ul style="list-style-type: none"> • Health • Dental • Vision • Sick Time • Vacation Time • 401K
Skilled Nursing Facility	<ul style="list-style-type: none"> • Health • Dental • Vision • Sick Time • Vacation Time • 401K
At Home CSN	<ul style="list-style-type: none"> • Limited

Agencies ability to offer shift incentives and holiday pay is limited due to reimbursement rates

CURRENT SITUATION

Continuous Skilled Nursing Medicaid Rates In Similar States

CT Medicaid LPN Rate	\$ 38.01
CT Medicare RN Rate	\$ 44.93
<i>NJ has a current bill to increase by \$10/hr</i>	
NJ Medicaid LPN Reimbursement Rate	\$ 40.00
NJ Medicaid RN Reimbursement Rate	\$ 50.00
<i>MA increased rates in 2018 by 17%</i>	
MA Medicaid LPN Day Rate	\$ 43.88
MA Medicaid LPN Night Rate	\$ 46.64
MA Medicaid LPN Holiday Rate	\$ 61.04
MA Medicaid RN Day Rate	\$ 52.30
MA Medicaid RN Night Rate	\$ 56.52
MA Medicaid RN Holiday Rate	\$ 73.56

CT HISTORY

- In at least 20 years, there were no increases in Medicaid rates
- 2006 Add-on's were included reducing reimbursement rates by 9%
- 2017 - Add-on's taken away
- In 2018 were given 1% increase to compensate for add-ons being removed

Desired Medicaid Rates:

- Rates Similar to MA
- Possible increased rates for specific hard-to-staff towns

Value-based metrics:

- Less days in hospital after ready for D/C
- Fewer re-admissions related to inadequate staff

CURRENT SITUATION

Intensive Care Unit in CT:

Cost Per Day	\$ 9,100*
Cost Per Month	\$ 273,000
Cost Per Year	\$ 3,321,500

Home Health Continuous Skilled Nursing @ Home Option:

Average Nursing Hours/Day:	15
LPN Extended Care Medicaid Rate:	\$ 38.01
Cost Per Day:	\$ 874
Cost Per Month:	\$ 26,227
Cost Per Year:	\$ 319,094

Cost Savings Per Patient From Home Health Option:

Savings Per Day:	\$ 8,226
Savings Per Month:	\$ 246,773
Savings Per Year:	\$ 3,002,4006

Costs of Caring for Medically Complex Children & Adults Across Settings

CURRENT SITUATION

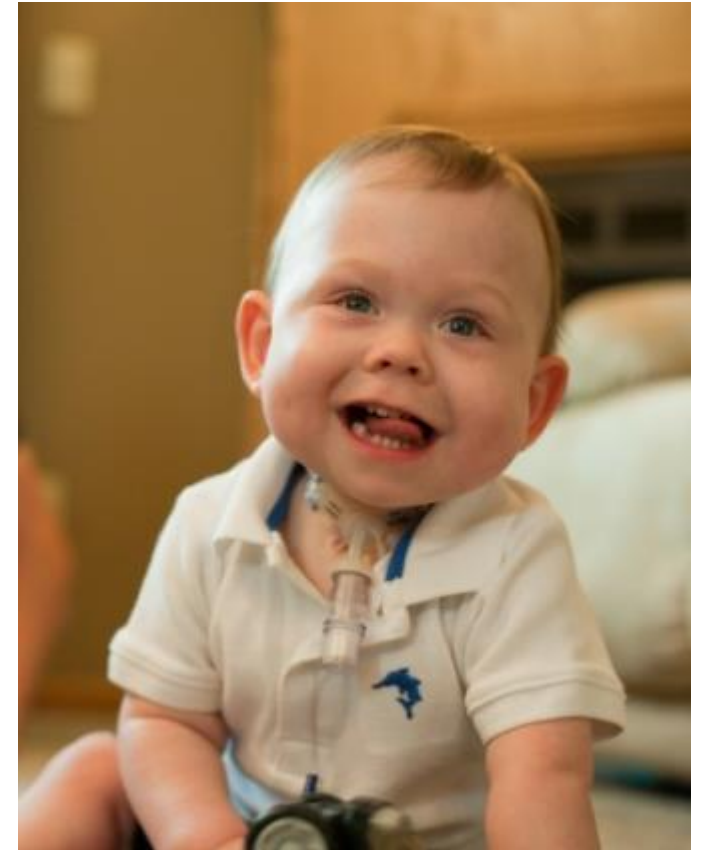
At any given time there are ~30 patients* at a hospital or long-term care facility awaiting discharge into the community.

Cost Per Day Per Patient Spent In Higher Cost Facility:	\$ 9,100**
Cost Per Day Spent on 30 Waitlisted Patients:	\$ 273,000
Cost Per Month Spent on 30 Waitlisted Patients:	\$ 8,190,000
Cost Per Year On 30 Waitlisted Patients:	\$ 99,645,000

With support, we can be part of the solution

PROPOSED SOLUTION

- Increased Extended Care Medicaid Rates
 - Enable HHAs to offer competitive wages & benefits
 - Support the cost of hiring and training nurses the needed clinical skills
 - Support the cost of supervision and maintain regulatory requirements
 - Support the challenges of filling 2nd, 3rd, and weekend shifts
 - Support the cost of scheduling, oversight, & QA
- Also Consider Differentials
 - Night Rate
 - Holiday Rate
 - Increased Rate for Hard To Staff Towns



PROPOSED SOLUTION



By increasing Medicaid Rate...

- Agencies able to hire & train more nurses into at-home Continuous Skilled Nursing
- Reduce delays of patient leaving hospital
- Reduced unscheduled hours at home
- Improve support to families contributing to social determinants of health
- Allow patients to live safely at home with their families
- Reduce CT Medicaid costs by ~\$100,000,000 per year

WHO ARE THE RECIPIENTS?

Pedro (28) and Louis (23)

- Pedro and Louis are brothers who both discovered in their early 20's they have Duchene's Muscular Dystrophy
- Pedro went into Hospital for Special Care with respiratory distress and came out of the hospital 3 years later fully non-ambulatory, with a trach and vent, and a need for 23-hours/day of nursing
- Three years after Pedro's first symptoms, Louis was diagnosed and hospitalized for 6 months
- Louis is now non-ambulatory, receives feeding through a g-tube, and requires regular respiratory treatments
- Louis receives 8-hours of at-home nursing care
- Maria is their Spanish-speaking, single mother whose life has been upended by both of her adult sons becoming incapacitated
- Home care has given Pedro, Louis, and Maria a way to live with their difficult circumstances

James (4)

- James was born at 28 weeks with cerebral palsy caused by complications at birth
- He spent the first 16 months of his life in a NICU; in addition to 6 surgeries, he suffered from severe seizures and required a tracheostomy with ventilator support
- In the month's following James' birth, Lois and her husband separated
- With 2 children at home and no father in the picture, Lois struggled to care for her family, work, and manage stress
- James was discharged into home care with 23-hours/day nursing and over the past two years lives safely at home with his brother, sister and mother

Carolina (2)

- Carolina, after being born prematurely and discharged home, returned to the hospital at 5 months with a narrowing airway.
- She remained in the PICU for 4 weeks and was stabilized
- She could have gone home, but because there was not staffing available, she stayed an additional 7 weeks when she could have been at home.
- Still no services available in the community, she was transferred to another hospital where she remained for another 7 months.
- Finally, she was discharged to live at home with the support of a Continuous Skilled Nursing, 16 hours/day.

Names changed to protect privacy

THANK YOU!

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