



CT HOME CARE SERVICES: THE IMPACT OF COVID AND LONG TERM SUSTAINABILITY

*Goal: Equity and Sustainability of
CT's Home Care Delivery Model*

For: MAPOC Complex Care Committee
January 21, 2021, 1pm to 3pm
Tracy Wodatch, Pres/CEO



CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME™

THE CT ASSOCIATION FOR HEALTHCARE AT HOME

The Association membership includes both licensed Home Health and Hospice providers and non-medical home care providers (Homemaker-Companion Agencies):

- **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.

THE VALUE OF HOME AND COMMUNITY-BASED SERVICES

- 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.

FACT:

Home and Community-Based Services
SAVED the State of Connecticut Budget
\$398.6-MILLION
IN STATE FISCAL YEAR 2018

And a total of over \$2.1 Billion in the last 13 state fiscal years (2006 to 2018)



COMMITMENT

CT Home Health Providers and the Association have a Commitment to the Medicaid Program and its Clients

- Decades as Committed Partner with DSS and Access Agencies
- Shared Goal of Person-Centered, Home-Based Care (High Cost/High Need Medicaid Clients, CT Home Care Program, MFP, Waiver Programs, Continuous Skilled Nursing, Community First Choice and Adult Family Living)
- Active Partner who Brings Solutions to Improve Care and Reduce DSS Expenses (Medication Admin Delegation and Management of Behavioral Health clients, Electronic Visit Verification, Medicaid Face to Face Encounter, Solutions for COVID care at home, Vaccination Programs)

THE FUTURE OF HEALTHCARE AT HOME

Concerns About the Sustainability of CT's Home Health Providers

- Growing Demographics and need to meet Workforce Demands
 - Home care is the proven cost-effective choice yet reimbursement rates make it difficult for agencies to provide care and to recruit and retain staff
- Minimum Wage mandates
- CT Home Health Agency Closures, Consolidation
- Home Health Providers Opting Out of Medicaid Program
- Added Business Complexities, Clinical and Regulatory Compliance Pressures, Audits, Surveys (DPH and DSS)
- Flat Medicaid Provider Reimbursement Over 13-Year Period
- **THEN came COVID...all of the above plus the pressures, costs compounded...**



CURRENT SITUATION

- 9/1/2020, the waiver reimbursement rates were increased for non-nursing, non-therapy services by 2.3%.
- Additional 2% increase to waiver services (non-nursing, non-therapy) in 2019.
- In addition, a waiver rate study was launched by DSS in August 2020 with plan to use findings to adjust waiver rates for July 2021.
- We need to create **parity** with all home care services funded by Medicaid/state funded dollars
- Workforce leaving HOME CARE altogether due to burn out from pandemic or going to hazard pay jobs (e.g, nursing homes where rates are beyond our reach)

Home Health (HH) Medicaid Rates Flat While Costs Continue to Climb...

Service	2007 Medicaid Rates	2020 Medicaid Rates	Total % Change
Skilled Nursing	\$94.26	\$95.20	1%
Med Admin	\$60.52	\$51.96	-14%
Physical Therapy	\$80.49	\$81.29	1%
Occupational Therapy	\$82.82	\$83.65	1%
Speech Lang Path	\$82.82	\$83.65	1%
Home Health Aide	\$24.40/hr	\$24.64/hr	1%

- 1% increase over 12 years in all HH rates except Med Admin (14% decrease)
- 2017 elimination of Add-on rates for high risk cases (20% cut)
- NO Cost of Living Adjustments (2007 to 2019) = **21.7%**
- Added **unfunded** costs
 - RN Delegation of Med Admin
 - Electronic Visit Verification
 - Changes to Eligibility/Authorization processes
 - Outdated DPH regs (1979) not aligned with DSS initiatives
 - Projected Minimum Wage increases 82% over from 2013 to 2023 (\$8.25 to \$15.00)

Continuous Skilled Nursing Home Health Medicaid Rates (CT vs other states as of 11/2020)

Continuous Skilled Nursing = 2 or more hours/day of home health nursing services

- Ranges between 2-23 hours per day
- Average = 15 hrs/day
- 82% funded through Medicaid

CT History

- No increases in Medicaid rates in at least 20 years except:
 - 2017: Add-ons were removed (20% cut)
 - 2018: 3.2% increase to compensate for add-ons being removed
- CT providers cannot compete with hospitals and nursing homes to recruit staff

Desired Medicaid Rates:

- Rates Similar to MA and NJ
- Possible increased rates for specific hard-to-staff towns especially on borders (CT nurses work in MA with higher rates)

Value-based metrics:

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

CT Medicaid LPN Rate	\$ 38.01
CT Medicare RN Rate	\$ 44.93
NJ Medicaid LPN Reimbursement Rate	\$ 48.00
NJ Medicaid RN Reimbursement Rate	\$ 60.00
MA Medicaid LPN Day Rate***	\$ 44.56
MA Medicaid RN Day Rate***	\$ 54.04
In addition, MA pays add-on premiums for Nights and Weekends	



RECOMMENDATIONS

- Create PARITY on the playing field of home care
 - Add 2.3% to home health now then address long term rates July 1 (both home health and home care)
 - Adjust Continuous Skilled Nursing rates by using dollars saved by transitioning more institutional cases to home
 - Consider federal relief funds to offer immediate relief
 - Use long term savings provided by HCBS providers (\$2.1B in 13 years)
 - Reinstitute ADD-ONs for High-Risk Medicaid cases
 - Medically fragile Continuous Skilled Nursing
 - Maternal Child Health
 - High tech/High risk Home Health Cases (formerly escort)

Questions/Discussion?



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