

Home Care Services for “Choices for Independence” Clients

SB 553 STAKEHOLDER GROUP

NOVEMBER 1, 2016



Who is the Granite State Home Health Association?

- A non-profit membership association representing 39 home care agencies licensed in NH.
- Most members are Medicare-certified agencies that provide a full range of skilled nursing and therapy services. Several agencies specialize in long term services and supports.
- 32 member agencies provide services to Medicaid beneficiaries enrolled in the **Choices for Independence** (CFI) waiver program.
- Non-profit community organizations: eg. Visiting Nurse Agencies (VNAs); Ascentria, Child & Family Services, and Granite State Independent Living statewide; AV Home Care, Berlin
- Locally-owned private businesses: eg. Silver Touch Home Care, Merrimack; Regency Home Health, Manchester; Interim, statewide



What is CFI?

- **Medicaid-waiver program** for elderly and adult citizens in need of long term care services
 - Financial eligibility – determined by DHHS
 - Clinical eligibility – clinical assessment by DHHS-contracted RNs; determination by BEAS staff
- **Clients eligible for nursing homes can choose to receive services in home and community-based settings**
 - **Mid-level care** – residential care/dementia care
 - **Home Support Services** – adult day care programs, family care, personal emergency systems, kinship care, pill dispenser systems, **personal care service providers**, non-medical transport, case management
 - **Home Health Care Services** – **RN visits, home health aides, homemaker services**
 - DHHS authorizes the type and units of service; Independent Case Managers arrange the service array
 - Providers are reimbursed only for *authorized* types and units of services

Expenditure Limitations

- **NH RSA 151 E:11 (II)**
 - Average annual aggregate cost of mid-level care cannot exceed 60% of nursing home cost of care
 - Average annual aggregate cost of **home services cannot exceed 50% of nursing home costs**
 - No person whose costs will exceed 80% of nursing home costs shall be eligible for mid-level or home services (unless waived by Commissioner.)

Home Care Services Provided to CFI Clients

- **Skilled nursing visits**

- Clinical assessments and care plans
- Wound care; catheter care
- Medication administration; filling pill planners
- Patient and family education
- LNA supervision

- **Home Health Aide/LNA visits**

- LNAs - BoN-licensed – 100 hours of training
- Observe and report medical conditions
- Bathing, toileting, dental care
- Assistance with transfers, dressing, walking
- Feeding assistance
- Assistance with medications

- **Personal Care Services**

- Unlicensed personnel -- about 10 hours of training
- Bathing, toileting, dental care
- Assistance with transfers, dressing, walking
- Feeding assistance
- Assistance with medications
- Transportation to grocery, pharmacy, etc

- **Homemaker Services**

- Light housekeeping
- Grocery shopping
- Laundry
- Meal prep

Caseload (DHHS Dashboard for August 2016)

- 2,525 CFI Home Health Clients
- 466 CFI Mid-Level Care
- 32 Other Nursing
- 4,187 Nursing Home Patients
 - 3 month average



Services Provided – SFY 15 (estimated)

- 37,866 Skilled Nursing Visits
- 46,650 Home Health Aide Visits (under 2 hours)
- 439,741 Home Health Aide - 15-Minute Units
 - 109,935 hours of service (visits of 2 hours or more)
- Homemaker data unavailable
- \$8,800,000
- 5,601,369 Personal Care Service Provider – 15-minute units
 - 1,400,342 hours of services
- \$24,500,000

Source: DHHS Handouts, SB 8 Conference Committee, June 2015



Rate-setting for Home Care Services

NH RSA 126-A:18-a (1997)

- Commissioner shall adopt rules to **establish a rate-setting methodology** which establishes unit Medicaid reimbursement rates for home health services which reflect the average cost to deliver services. The commissioner shall **consider the factors of economy, efficiency, quality of care, and access to care in accordance with guidelines in federal regulations.**
- DHHS shall **annually**, on or before October 1 **establish unit rates for home health services** paid under Medicaid which **better reflect the average cost to deliver services.**
- The Commissioner shall make an annual report on or before 11/1 relative to rates for home health services to the Speaker, Senate President and Finance Chairs.

He-W 553 -- Rate-setting methodology (2008)

- Rarely used, recently expired



CFI Rate Inadequacy

- Most CFI rates have not been increased for over 10 years!
- The SFY 16/17 State Budget targeted a 5% rate increase for CFI skilled nursing, home health aide, homemaker and PCSP services.
- RN rates: **\$94.67/visit** vs. \$162 average cost per visit
- Home Health Aide visit rates: **\$31.08/visit** vs. \$66 average cost per visit
- Home Health Aide unit rates: **\$6.03/unit**
- PCSP rates: **\$4.60/unit**
- Homemaker rates: **\$4.79/unit**

Public Policy Ramifications

- The current reimbursement **rates do not allow home health agencies to pay competitive wages** and cover operational costs, which affects their ability to recruit and retain workers.
- Many home care agencies historically subsidized low CFI rates with *Medicare* margins, but deep federal cuts harm that ability. **Continuation of inadequate CFI rates will reduce access to services for vulnerable seniors.**
- It's critical that **DHHS conduct the annual, statutorily required updates of CFI home health rates** in order to assure that quality services are available to NH's vulnerable citizens. Managed care payments to agencies should reflect these annual updates.
- In recent years, there has been a trend away from skilled services to personal care services. **DHHS should develop a review process to assure that CFI clients are receiving services that are appropriate to their medical needs.**

CFI Home Health Services Enable Vulnerable Citizens to Remain at Home and in their Communities!



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