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The Association continues to support a number of other bills, including legislation relating to end-of-life care planning (HB 656) and an amendment to the nurse practice act (SB 358).

For a complete listing of bills and the Association's positions, visit www.homecarenh.com/policy/ and click on "Bill Status."

HB 1138 and HB 1139 Successfully Defeated

The Association testified in opposition to both of these labor bills and numerous association members reached out to their delegates to help stop the passage of both labor bills. Both the 4-hour minimum (HB 1138) and 10-hour break requirements (HB 1139) do not make sense in a home care environment of intermittent care, where split shifts and short visits are the norm, not the exception. Both bills would have created a significant financial and administrative burden for the state's home health providers, as well as increased costs for consumers and payors. Our thanks to Representatives Laurie Harding and Alida Millham who worked on our behalf to educate legislators about the unintended consequences of this legislation.

Obtaining Quality Home Care Services

A recent study by AARP found that 85 percent of older Americans want to "age in place," in their own homes. It's no surprise, then, that more people are turning to home care as an alternative to nursing homes and assisted-living communities. But not all home care is equal—long-term home care services can be delivered by NH-licensed home health agencies, licensed providers of non-medical home care services, unlicensed providers, and some people hire workers directly as independent contractors.

The Home Care Association of New Hampshire (HCANH) is dedicated to promoting responsible, high-quality care in the home through patient advocacy, education for home health care professionals, and serving as a home care advocate in the public policy arena. The Association's members are all licensed by the state of New Hampshire to provide skilled care (nursing and therapies), personal care, and/or non-medical support services.

State law requires that all licensed home health agencies in New Hampshire conduct a criminal background check on all direct care personnel. Additionally, licensed agencies must carry professional liability insurance and

operate ongoing quality improvement programs.

HCANH recommends asking the following questions when selecting a home health care provider.

- How long has the agency been providing home care services?
- Is the agency Medicare certified? (If you're seeking skilled nursing care, this is a must for most third-party payers.)
- Is the agency licensed by the state?
- What range of services does the agency provide?
- Does the agency have supervisors that oversee the quality of care patients receive in their home?
- How often do the supervisors come into the home to assess the standard of care being provided?
- Does the agency perform background checks on their caregivers?
- Can the agency offer references who can testify to the quality of service the agency provides?

For more information on finding and selecting a home health care provider, visit the Home Care Association of New Hampshire's web site at www.homecarenh.org.

The Home Care Association of New Hampshire (HCANH) is a membership organization, which enhances the ability of agencies providing home health care to deliver quality services to New Hampshire residents. HCANH is the only association of home health providers in the state and a member of the National Association for Home Care & Hospice. HCANH is your resource for information about home health services, providers and issues. Call us at 1.800.639.1949 or visit www.homecarenh.org.



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HOME CARE ASSOCIATION OF NEW HAMPSHIRE

SPRING 2006

Declining Medicare Home Health Revenues Likely to Affect Access to Care in New Hampshire

"Fewer Medicare dollars spent for home care in New Hampshire over the next five years will add up to close to \$10 million in savings for the federal government. But for Shawn Paige and thousands of others across the state who rely on home care services, the money saved could cost something far more precious: independence and hope. It could also force many, including 38-year old Paige, into nursing homes, a costlier option."

—Hattie Bernstein, *The Nashua Telegraph*,
March 16, 2006

Home health agencies across the state will be feeling the squeeze from the latest round of Medicare cuts. The federal cuts include the Deficit Reduction Act's elimination of the 2.8 percent inflation increase in Medicare payments to home health agencies which was to take effect January 1, 2006—a cut representing a \$9.6 million loss for New Hampshire home health agencies over the next five years.

In addition to the inflation freeze, non-rural home health agencies in New Hampshire's four southern counties will experience a dramatic wage index decline (see sidebar). By removing the counties of Rockingham, Strafford, Merrimack, and Hillsborough from the Boston MSA and reclassifying them into other county designations with lower

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2006 Legislative Priorities

Granite State Home Health Association (GSHHA), the government relations arm of the Home Care Association, is monitoring and testifying on a number of pieces of legislation, including two fiscal bills that could create additional funds for home care agencies across the state. Both bills have been passed by the House and are awaiting Senate approval.

HB 1608: will cover a one percent rate increase for FY 2006 only to recognize the increased costs of utilities, heating, and gas mileage for certain providers, including home health agencies.

HB 1710: will extend the 4.6 percent rate increase

received in FY2006 into FY2007 for regular Medicaid (non-Waiver program) home care services and proposes an additional 4.6 percent increase in FY2007.

Passage of these and other "money" bills in the Senate has been jeopardized by uncertainty about the state's surplus and economic prospects. Without this added appropriation, particularly the funding in HB 1710, home care services will be placed at great risk as these services continue to be reimbursed at rates well below cost. The Association fears increased access problems will emerge without improved reimbursement for the care.

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Eight Green Street #2 • Concord, NH 03301
800.639.1949 * Fax 603.225.5817 • www.homecarenh.org

Executive Director Note

The New Hampshire Senate has a wonderful opportunity to demonstrate fiscal prudence while caring for the health and well-being of thousands of elderly and disabled residents that rely on home health care. The Senate will soon act on HB 1710, which includes funding for a number of state-funded programs, home health among them. The bill begins to bring state Medicaid reimbursement rates up to reasonable levels after years of reimbursement rates of 50-75 cents on the dollar. The benefits of HB 1710 are two-fold. For home health agencies, it provides a much-needed reimbursement rate increase so that agencies can continue to hire talented staff and provide high quality services. For the state, it preserves access to home health services, services that are less costly than institutional care for many Medicaid beneficiaries. And, of course, home health care clients ultimately benefit from both. The House has already recognized the need for and the fiscal wisdom of HB 1710. I am hopeful that the Senate will do the same.

For more than eight years, home health providers have been forced to make up for Medicaid losses by cost-shifting to other payers and using charitable donations to cover underfunded services. Despite a 4.6 percent rate increase implemented in 2006, we are seeing restricted access to home care services due to increasing costs and inadequate payment rates. This situation will be exacerbated if HB 1710 fails to pass.

The Commission to Study Long-Term Care Reimbursement recognized in 2004 that low Medicaid rates “have been a significant barrier to the development of the home and community based provider industry.” The Commission recommended the “use of the 2006-2007 operating budget as a means of stabilizing this industry...to allow for non-nursing home alternatives to develop.” In fact, the state’s current operating budget assumes a strong home health industry that will reduce the demand for nursing home care. These budget assumptions will not come to pass without enactment of HB 1710, and the fiscal impact will be significant. But, more importantly, the sick and the elderly will be denied access to home health care.

HB 1710 represents one of those rare opportunities for legislators to protect the budget while protecting the health care needs of their constituents. We hope Senators will support home care by supporting HB 1710.



Susan M. Young
Executive Director
Home Care Association of New Hampshire

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wage indices, home health agencies in these counties will experience a \$3.6 million decrease in reimbursement.

“For Paige, a client of Healthy at Home, the cuts are like a dark cloud hanging over his future. ‘These services are the only thing keeping me from winding up in a nursing home,’ he said.”
—Hattie Bernstein, *The Nashua Telegraph*, March 16, 2006

On March 28, representatives of the Home Care Association met with the New Hampshire congressional delegation in Washington, D.C. to address concerns over the erosion of Medicare reimbursement rates and the wage index for non-rural home care agencies. The Association recommends the state’s home health wage index parallel the state’s hospital wage index.

“Whatever wage index is applied to hospitals in a county should be applied to home health services delivered in that same area,” states Susan Young, executive director of the Home Care Association of New Hampshire. “This method would result in fairness to all healthcare providers and is even budget neutral.” All indications are the delegation will support some home health wage index reform.

Patient Focus: Karla Patrick

COMING HOME

Home Health Care Is Critical to Life in Our Communities



Karla Patrick is not the typical home care patient. She’s not a senior citizen whose children are grown and out of the house. Karla is a young, single mother of 3 year-old Devin and she has Multiple Sclerosis (MS).

Karla was diagnosed with MS when her child was barely 1 year old, in August 2004. She had noticed numbness in her legs and weakness that wasn’t there before. It was difficult to keep up with her busy toddler. Karla’s sense of balance and muscle coordination progressively declined. In July 2005, she fell and broke her ankle. She required surgery, was hospitalized for 11 days, and was sent home in a wheelchair. She knew that she would not be able to manage without help in her home.

Enter Androscoggin Valley Hospital Home Health & Hospice (AVHHH&H), whose nurses and therapists took the lead in coordinating her care needs at home. Occupational and physical therapists worked with Karla so that she could strengthen and heal. They showed her how to best maneuver in her wheelchair, ensured her house was set up so that she could get around in all rooms, and showed her how to use adaptive equipment that would ease her transition back to optimal functioning.

The AVHHH&H nurses visit Karla to routinely assess her physical, emotional and in-home needs, as well as communicating with her doctor and all the professional disciplines involved in Karla’s care. Says Debra Berntsen, director of AVHHH&H, “We work to help our clients build a foundation of strategies to manage the demands of their lives every day. In Karla’s case, we are particularly proud of our work, and of her remarkable achievements.”

Another support service that Karla depends on is homemaker

help through Androscoggin Valley Home Care Services. “I used to be a homemaker at A.V. Home Care until I got MS. I knew what kind of support I gave to the elderly and disabled in my daily work there. I knew I had to have that same help if my son and I were going to be able to stay together in our home while I recovered.”

Karla’s ankle is slowly improving. She is now able to use a four-legged cane when she walks, but her ankle still hurts and gives her trouble. She expects that it could take another year before her ankle fully heals.

Karla is a beneficiary of services under the State of New Hampshire’s Home and Community Based Care for Elderly and Chronically Ill (HCBC-ECI) program. HCBC-ECI is a Medicaid waiver program administered through the state to support the long-term care needs of older adults, and adults with disabilities or chronic illness. To be eligible for the HCBC-ECI program, a person must meet financial as well as medical eligibility criteria, being sufficiently debilitated to warrant nursing home care. Through HCBC-ECI, such people can opt to stay at home and live independently.

While HCBC-ECI costs the state a mere fraction per client of what it costs to support someone in a nursing home, the reality is that home health care agencies statewide are struggling to keep HCBC-ECI client services intact under the weight of inadequate Medicaid reimbursement.

While the legislature included a 4.6 percent reimbursement rate increase for HCBC-ECI home health services in the fiscal ‘06 state budget, it has yet to be included in the ‘07 budget. “Unfortunately, the amount and scope of the increase falls short of what is necessary to provide continued access to home health services for the thousands of New Hampshire citizens who rely on them,” says Susan Young, executive director of the Home Care Association of New Hampshire. “Until rates better reflect the true cost to deliver care to people, home care agencies will continue to struggle to make up the difference between what it costs them and what Medicaid pays to render services.”

Like many others, Karla worries about being able to continue getting the help she needs under HCBC-ECI, knowing that she has a disease that gets progressively worse over time. “I know that I would be in a nursing home if it weren’t for my home health care. I can’t imagine that. When my workers come and get my homemaking done, I can conserve my energy so that when Devin comes home from daycare, I actually have some energy left to share with him. He’s just a little boy, and he deserves that much.”