

Homefront

THE NEWSLETTER OF THE HOME CARE ASSOCIATION OF NEW HAMPSHIRE

Winter 2009

Home Care Agencies Prepared For NH's December Ice Storm



"HOME CARE—GOOD TO GO" INITIATIVE HAD AGENCIES ACROSS THE STATE PREPARED FOR SUCH AN EMERGENCY

THE DECEMBER ICE STORM brought about the largest power outage in state history, leaving more than half of all NH households without power. For those whose homes were damaged or whose electricity was cut off in the ice storm, it was a difficult time; but imagine if you were homebound and alone? Home healthcare agencies in New Hampshire are key to meeting the needs of these vulnerable individuals in times of a disaster.

There are numerous stories of home care workers making it to work,

despite fallen trees on their homes and roads, despite their own lack of power and heat, and despite their own family needs. Not only were patients cared for and attended to as scheduled in many cases, but home care staff were also called upon to help at local shelters and drive by some patients' homes to check on their welfare when they could not be reached otherwise.

Improve Communications

With the roads clear and electricity and phone services restored, the most immediate concerns of

residents affected by the aftermath of December's ice storm have been met. Now, attention has turned to how to improve emergency response in the future. The most-discussed issue was the need for better communications with and about emergency shelters and reasonable expectations of home care agencies, whose priority must be care to their current homebound patients.

In Rochester, a medical/acute care shelter opened on Friday, December 12. On Saturday, a nurse on call at Rochester District VNA received a call to help staff the shelter. In addition to servicing its own homebound clients, the Rochester VNA sent home health aides to the shelter from Saturday night until noon on Monday, 24-hours a day.

"There needs to be better communication on where shelters will be set up and what staff will be needed prior to an emergency. We are available 24 hours a day, 7 days a week, so our staff is already caring for people in their homes. We are learning from our experiences, and we're continually improving, so knowing we will need to help staff an emergency medical shelter will be something we plan on in the future,"

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OVER 400,000 WITHOUT POWER, SOME FOR UP TO TWO WEEKS, PRESENTED REAL CHALLENGES TO NH HOMECARE PROVIDERS ... BUT WE WERE READY.

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states Linda Hotchkiss, executive director of the Rochester agency.

A second lesson is knowing where additional medical beds may be available at nursing homes or hospitals in case homebound patients need to be placed. "The more we are equipped with knowledge of the larger picture, the better," states Lucy Saia, clinical director at Nashua's Home Health & Hospice Care. "It requires a lot of advance work and preparation, but when it comes down to it, communication among different emergency personnel, agencies, area hospitals, the Red Cross, and others is absolutely essential."

The Challenge of Preparation


When the Home Care Association of New Hampshire (HCANH) evaluated

the emergency preparedness status of home care agencies across the state several years ago, it found that agencies were generally well-prepared for natural disasters. But consistently, the single greatest need identified was the level of personal preparedness of the frontline workers. The same concern has been echoed in all kinds of health and social service providers here and around the country.

In 2007, the HCANH challenged its member agencies to prepare their home care workers for emergencies, such as the December ice storm. The initiative "Home Care—Good to Go," proved to be very successful. The initiative focused on home care workers' need to implement personal emergency plans for themselves and their families, so they in turn would

be available to care for their patients. "The biggest impact we can have is to be personally and professionally prepared for a widespread emergency, and agencies across the state were prepared for the ice storm that left more than half of all New Hampshire households without power," states Susan Young, executive director of the Home Care Association.

Dedication

While there are some lessons to be learned, home care workers were a major factor in helping homebound individuals weather the storm safely. "The Ice Storm of 2008 truly told us a lot about the dedication of people that choose home care as a profession," adds Young. 



Executive Director's Note

EVERY BUSINESS IN NEW HAMPSHIRE and every individual has felt the impact of the national and now worldwide economic downturn in one way or another. Home healthcare is no exception. Declining Federal Medicare rates, low Medicaid reimbursement rates, and even budget decisions by counties to reduce or eliminate grants to local health and social service organizations—all of these fiscal developments have combined with unabated demand for services to stress the state's home health care agencies, some of which are now struggling to maintain the level of care their communities need.

In-home care makes economic sense, costing far less than nursing home or other institutional care. In addition to traditional home care services, such as nursing, therapies, home health aide and homemaker services, many agencies also offer hospice care. In fact, the vast majority of the state's hospices operate as a division of a home health agency. Not only does hospice offer unique support at the end-of-life, it does so with a tremendous track record of cost-efficiency. Yet it will surprise many to learn that New Hampshire

is one of only two states without a Medicaid hospice benefit, although the option is covered by Medicare and virtually every major health insurer. This year the state legislature may finally take a long-overdue look at offering hospice to those on the Medicaid program. Senator Peggy Gilmour has proposed a legislative study committee to examine the issue (SB 42). We hope that members of both the Senate and the House concur that it's time to bring hospice to EVERY resident of our state.

This issue of Homefront outlines a number of other bills important to home care providers and consumers and reviews home care's performance during the December ice storm. We also take the opportunity to recognize one of the state's most dedicated and energetic home care leaders, whose memory will live on in her community and among her many home care colleagues for years to come.

Susan Young
Executive Director
Home Care Association of New Hampshire

Our 2009 State Legislative Priorities:

HOSPICE, MEDICAL RECORDS, AND LONG-TERM CARE

Granite State Home Health Association (GSHHA), the government relations affiliate of the Home Care Association, is monitoring many bills this session, in addition to the state budget. Here are some of the proposals of greatest interest to home care providers:

SB 42: Establishing a committee to study the cost and feasibility of implementing a hospice benefit under Medicaid. **Prime Sponsor:** Senator Gilmour

Position: GSHHA strongly supports this bill. New Hampshire is one of only two states without a hospice benefit for Medicaid enrollees. This service has been shown to be a cost-effective program to offer care and support to terminally ill individuals and their families.

HB 103: Relative to paying discharged and laid off employees in full at the time of discharge.

Prime Sponsor: Rep. Buco

Position: GSHHA believes the current requirement for payment of final wages within 72 hours of discharge is appropriate. This more stringent requirement could present significant administrative difficulties for home care providers and other employers.

HB 359: Requiring health care provider bills to state the portion of payment covering costs of uninsured.

Prime Sponsor: Rep. Butterworth

Position: GSHHA opposes this legislation. In home health, most cost-shifting occurs to underwrite the state's Medicaid program, not uninsured patients. Billing processes are complex, vary across providers, and costly to amend. The cost of this bill is not justified by any potential benefits.

HB 380: Relative to long-term care.

Prime Sponsor: Rep. Donovan

Position: GSHHA supports establishment of a statutory commission on long-term care. The state has been working for over a decade to shift long term care for the elderly from institutional to home and community-based care, and this bill will reinforce that philosophy.

HB 400: Relative to Medicaid reimbursement rates for personal care attendants and personal care service providers and making an appropriation therefore.

Prime Sponsor: Rep. Emerton

Position: GSHHA is concerned about the impact of low wages and benefits available to direct care workers. However, since HB 400 affects only one category of direct care workers, it will create imbalance in the market and unfairness for other, comparable workers. GSHHA supports a coordinated, comprehensive approach to this issue and opposes this targeted bill.

HB 580: Relative to health information and patient rights. **Prime Sponsor:** Rep. Bridgham

Position: Over the past year, GSHHA has been working with the sponsor and other providers on this legislation relative to the access to, use and protection of health information held by healthcare providers. While this new bill is improved over the 2008 version, GSHHA has some lingering concerns and will seek further amendment.



For more information about our legislative priorities and positions, visit the public policy section of the Association website at www.homecaresh.org.

Medicare Home Health Payments to Decline in 2009

ACCESS TO MEDICAID HOME CARE SERVICES IN JEOPARDY

In November 2009, the Center for Medicare and Medicaid Services (CMS) updated the Medicare home health prospective payment system for calendar year 2009. Agencies in 2009 are scheduled to receive a "market basket" inflation update of 2.9%. This slight increase is negated by a reduction of 2.75% in the national 60-day episode rate which was included in regulations last year. The resulting net rate increase is a meager 0.15%.

In addition, the CMS rule contains an updated wage index, a factor intended to adjust for the difference in labor costs in various geographic regions. This factor can have a dramatic effect on the payment rates. In prior years, New Hampshire's southern counties have been hit hard by a declining wage index, and this year rural providers in New Hampshire are most severely affected as well.

Here's the net effect for the Medicare Episodic payments in New Hampshire:

Hillsborough County	+2.34%
Rockingham County	-1.34%
Strafford County	-1.34%
All Other NH Counties	-4.59%

Note: rates are for services delivered where the patient lives, not where an agency is located.

New Hampshire Loses a Leader in Home and Community-Based Care

Maryellen LaRoche died peacefully at her Conway home on January 3 after a valiant year long battle with ovarian cancer.

Maryellen served as Executive Director of Carroll County Health & Home Care Services since 1985. After that agency partnered with Memorial Hospital in North Conway in 1990, Maryellen served as the hospital's director of long-term care services and as administrative consultant for Visiting Nurse & Hospice Care Services in Northern Carroll County.

Always an advocate for supportive care that helped people remain independent and in their homes, Maryellen became a familiar face in Concord and on various state and regional committees addressing home and community-based long-term care.

She served on the HCANH Board of Directors for six years and the legislative committee of Granite State Home Health Association since its inception. In the mid-late 1990's Maryellen was a key force

behind the Association's successful effort to pass legislation to assure regular Medicaid rate reviews for home health services, and was a lead in the negotiations for the 1999 Medicaid rate increases. Known for her quick wit and deep understanding of health care issues, Maryellen was a caring mentor to many in the fields of nursing and health care management, and she will be greatly missed by those whose lives she touched.

The Board of the Home Care Association is establishing an award in Maryellen's honor, which will be known as the Maryellen LaRoche Home Care Public Policy Award. The annual award will recognize an individual who has made a significant contribution in the area of advocacy and public policy development affecting the delivery and availability of home care in New Hampshire. 🌸



MARYELLEN LAROCHE

Medicare Payments Decline

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"When further taking into account increases in actual home care agency expenses, a highly competitive labor market, the current economic climate, and state Medicaid reimbursement rates, home care agencies across New Hampshire continue to experience very real budgetary concerns, and many are struggling to keep client services intact," states Susan Young, executive director of the Home Care Association of New Hampshire. "Adequate reimbursement rates are necessary to be able to hire qualified staff to deliver quality care to patients and keep up with escalating costs."

Medicare has traditionally been a "good payer", but declining Medicare payments will have an impact on providers' ability to care for others whose care is not fully compensated. Of particular concern in the months ahead will be the impact of state budget decisions on Medicaid reimbursements for home health care. With Medicaid rates already well below the cost to deliver care, maintaining access for these critical in-home services will be jeopardized if rates do not increase substantially. In fact, some counties are already experiencing home care shortages, as providers cannot underwrite state programs and keep their doors open to serve the broader community needs. 🌸



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