

Homefront

THE NEWSLETTER OF THE HOME CARE ASSOCIATION OF NEW HAMPSHIRE

Spring 2007



REPORT FROM THE STATE HOUSE

2007 Legislative Priorities

With the 2007 Legislative session at the half-way point, Granite State Home Health Association (GSHHA), the government relations arm of the Home Care Association, has been monitoring and testifying on a variety of legislative proposals.

Once again a number of labor and employment bills require our attention, along with end-of-life care bills, long-term care, and the state budget.

HB 81 relative to required pay for employees called in to work would increase the mandatory pay for employees called in to work from two hours pay to four hours as originally proposed. An amendment approved by the Labor Committee would increase the mandate to three hours pay and, following negotiations with GSHHA, adds an exemption for staff of licensed home health and hospice agencies. The House approved the amended version on April 4, so the bill now moves to the Senate. GSHHA originally opposed this bill but will remain neutral if the amended version is adopted.

HB 797 regulating mandatory overtime for nurses would prohibit disciplinary action against any nurse, LPN, or aide who refuses to work overtime after working 12 consecutive hours. Although the bill includes exceptions for emergency room and operating room nurses, there are no home care exceptions. GSHHA seeks an exception for the situation where a relief worker or family caregiver does not arrive at the end of a 12-hour shift and the patient cannot be left alone. While this is uncommon, it can happen in the case of a weather emergency or unforeseen event, and the home care agency must be able to protect the health and safety of the patient. This bill

was passed by the House on April 4 without any amendment. GSHHA opposes this bill as presently written.

HB 893, relative to long-term care, includes a number of important changes to the HCBC-ECI program intended to improve program efficiency. Of greatest interest to the Association is the proposal to create presumptive eligibility for HCBC-ECI, which would allow the state to pay for home care services delivered to those clients that are found likely to be eligible for the program but whose application has not been finally processed by the Department of Health & Human Services. DHHS can take up to 90 days to determine eligibility, and some frail elders simply cannot remain at home without support services for that long, ending up in a nursing home while awaiting the decision on their application for home care. While there would be some cost to the state, the savings from avoiding nursing home placement is potentially far greater. GSHHA supports the presumptive eligibility components of HB 893.

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

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Executive Director's Note



One of our goals at the Home Care Association of New Hampshire is to ensure equal access to efficient, affordable, and effective in-home care. Despite this commitment by our association and our 40 member agencies, home care providers will face challenges in 2007 and beyond in their efforts to provide care to New Hampshire's citizens. The challenges are not new—reimbursement, workforce availability, increasing demand—but the solutions remain elusive.

Most recently, we have been concentrating on the funding of home health services in the state budget. During the budget process, it's easy to get lost in all the numbers and lose sight of what these programs really mean to New Hampshire citizens. Take Sean Raymond of Dover, for example, who receives care through the Medicaid program known as Home and Community Based Care for Elderly and Chronically Ill. Sean suffers from a congenital disease that limits his physical strength and abilities, and he uses a wheelchair to help him get around. At the young age of 25, Sean's day doesn't start without the help of his home health aide from Benda HomeCare Solutions in Portsmouth. His aide helps him get up in the morning and off to work, then returns at night to reverse the routine. Sean explains, "Home care provides me the physical strength to get up and go

out every day where I can then be just like everyone else." The alternative for Sean would be a nursing home—someplace he desperately wants to avoid.

Home care has been recognized by policymakers, budget-writers, insurers, and other healthcare providers as a cost-effective, responsive, and effective solution for New Hampshire citizens. It is why the state is seeking to move more people to community-based care and reduce reliance on nursing homes. But, providers can only meet this demand if they can meet their own payrolls. The Home Care Association, through its government relations affiliate Granite State Home Health Association, will continue to advocate for better reimbursement rates and policies that support our member agencies in their mission to deliver care to people where they want it—in their homes.

In this issue of *Homefront*, we will review the latest legislative priorities, state (Medicaid) and federal (Medicare) budget concerns, and talk about how home care agencies are preparing for wide-spread emergencies in their communities. 🌐

A handwritten signature in red ink that reads "Susan M. Young".

Susan M. Young
Executive Director

Proposed Medicare Cuts Threaten New Hampshire Health Care Providers

President Bush wants to rein in soaring health care costs by scaling back Medicare payments. The President submitted his Fiscal Year 2008 budget to Congress, proposing to save more than \$100 billion in five years from cuts in Medicare and Medicaid spending. Most of the Medicare savings would be achieved by freezing or reducing the inflation updates for Medicare providers. Bush's budget would cut Medicare home health spending by

\$9.68 billion by freezing home health payments over five years (FY08-FY12) and instituting a permanent cut in the home health inflation update of 0.65 percent thereafter.

The impact of the proposed budget cuts on New Hampshire home health care providers is projected to be more than \$1.8 million in fiscal year 2008, with losses totaling more than \$44 million over five years (FY08-FY12). Losses for Medicare hospice providers in the state would total

\$175,000 in 2008, and more than \$3.3 million over five years.

The U.S. Senate and House crafted their budget resolutions during the past month, and both have scaled back the President's proposed cuts. However, provider cuts and freezes are still possible, particularly since other healthcare providers and programs are expected to share the cost of correcting cuts to physician Medicare payments. These cuts are slated to be effective next January, and the cost to eliminate them is estimated at \$20 billion in 2008 and \$170 billion during the next ten years. 🌐

State Budget Underfunds Medicaid Home Care Services

While Governor Lynch proposed a significant increase in the number of clients in the Medicaid waiver program known as Home and Community Based Care for the Elderly and Chronically Ill (HCBC-EI), his budget did not significantly increase the reimbursement rates for those services. About 40 percent of the HCBC-EI services are provided by licensed home health agencies, including skilled nursing, home health aide and homemaker. The House Finance Committee trimmed back the caseload projections in the Governor's budget, but retained the plan for only modest rate increases. The same limited rate increases would also apply to the home health services delivered under the "regular" Medicaid program, which covers skilled nursing, aide and therapies.

Our Positions

GSHHA is advocating, first, that the funds to be spent on home health services be isolated from the other HCBC-EI services in a new budget line item. This will allow legislators, the Department of Health & Human Services (DHHS) and the home care community to better monitor spending on these services. In addition, it will assist the state to set reimbursement rates that comply with the state statute pertaining to home health rates, while still remaining within the appropriations set by the legislature.

Second, GSHHA seeks a greater increase in rates than the level proposed. The two percent annual rate increase presently in the budget would not even keep up with inflation. As a result of negotiations pursuant to a settlement agreement, DHHS and the Home Care Association agree that skilled nursing services and shorter aide visits are severely underpaid and need "catch-up" increases over a period of several years to assure continued access to care.

Currently, state rates cover less than 60 percent of the cost of a nursing visit, and only 39 percent of the cost of a one-hour aide visit. At a minimum, DHHS must be allowed to use whatever rate increase is ultimately passed as a pool of funds, so that dollars can be applied to the most underpaid rates, rather than being distributed "across the board."

Home Care In Jeopardy

As this article is being written, the House Finance Committee has trimmed back the Governor's projected growth in the community-based care program, separated home health services into a separate line item, and retained very modest rate increases for home health care providers. GSHHA remains concerned that access to home health care is in jeopardy given the restrictions on funding for significant rate adjustments. 🌧️

Emergency Preparedness Begins at Home

Emergency preparedness seems to be on everyone's "to do" list these days. Whether it's readying for sudden catastrophes like Hurricane Katrina, or dealing with floods, fires, and snow and ice storms, it's the classic case of "hurry up and wait" as we rush to prepare for an impending or predicted emergency that thankfully hasn't occurred, think avian flu pandemic or another major terrorist attack.

The New Hampshire Department of Health and Human Services (DHHS) has been receiving federal grants to equip the state for potential disasters. Initially the focus was on police and fire departments, along with transportation. But with any disaster, natural or man-made, the public health implications can be overwhelming.



"We often don't think of the most medically-fragile victims of disasters, older patients that are homebound or children with disabilities cared for in their homes," states Peggy Gilmour, coordinator of the Home Care Association's state contract for emergency preparedness. "Our broad goal is that all New Hampshire citizens and home care agencies create plans to care for loved ones in their homes during an emergency. This not only includes taking care of our patients, but also the home care workers delivering the care."

When we think of health care, we automatically think of doctors and hospitals, not home care. After 9/11, grants to assist with emergency preparedness went to hospitals to help protect workers and increase communications between other emergency responders, like police and fire departments. However, a key component was left out of this discussion, and that is the role of home care agencies. Members of the Home Care Association are integral

Emergency Preparedness

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to the health and well-being of more than 37,000 individuals in New Hampshire, individuals that depend on professional care, whether there is a blizzard, flood, other natural disaster, or a man-made crisis.

In 2004, the Home Care Association received a contract through DHHS to assess the preparedness of home health providers. In addition, training was provided to help home health agencies update their organizations' readiness for events ranging from a bio-terrorist attack to pandemics to the weather emergencies we're most familiar with. In 2006, the Home Care Association received another contract to better equip and prepare home care agencies. This year's project focuses on four areas:

Protecting home care workers with personal protective equipment (PPE). Fifty percent of the current home care contract is being used to buy and distribute personal protective equipment to the home care agencies participating in the project. Gloves, gowns, masks, hand sanitizer, face shields, and N95 respirator masks have been sent to home care agencies for use during emergency situations.

Communication between all agencies. The N.H. Division of Public Health has divided the state into 19 planning regions, with each region responsible for developing a comprehensive plan involving all emergency responders, including police, fire, EMT, hospitals, national guard, and home care agencies. "Making sure that home care is at that table is an important piece of this communication," adds Gilmour. "It is essential that home care agencies are part of the regional plans, defining their role in an emergency, providing technical assistance, and making sure other participants understand what role home care plays."

For example, in case of flu pandemic, hospitals will be

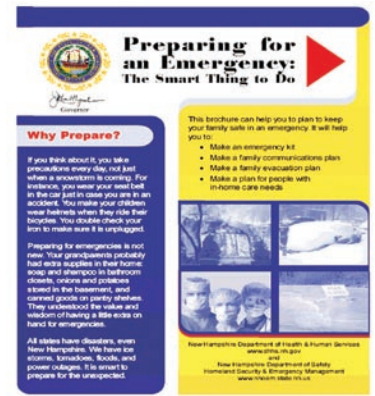
The State of NH has many resources available to aid in effective emergency planning

flooded with patients and short on staff and beds. Initially, hospitals expected to call on home care nurses to fill in at the hospital.

However, they've now realized that they'll need to discharge those patients that can be safely taken care of at home, creating a surge of new patients to home health agencies. Home care workers will need to react to this massive increase in patients, in addition to their current patient load.

Additional training. Additional training is geared toward getting all home care agency staff to understand their responsibility in a disaster and their responsibilities to the broader community. The Home Care Association has partnered with the Yale New Haven Center for Emergency Preparedness and Disaster Response to offer "train-the-trainer" sessions, allowing home care agencies to bring ongoing training to their staff.

Lastly, home care workers need to **implement personal emergency planning** for themselves and their families. It is estimated that 30 to 60 percent of home care staff will not be able to respond in case of an emergency due to their own family obligations or because they themselves fall ill. "We want each home care worker to talk with their family, develop emergency plans, and thus be available to work if they are needed," adds Gilmour. "The biggest impact we can have is to be personally and professionally prepared for a widespread emergency. Through these contracts, we are now able to respond with a comprehensive response plan and equip our home care workers with the protection they need to deliver care." 🌩️



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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