

Home Care Workers Must Be “Good to Go” When Disaster Strikes

HCANH LAUNCHES PERSONAL PREPAREDNESS CAMPAIGN

At its 2007 Annual Meeting on June 20, the Home Care Association of New Hampshire challenged its member agencies to prepare their home care workers for emergencies, so they in turn would be available to care for their clients. The new initiative is being called “Home Care—Good to Go!” and will culminate with a special educational event on September 19.

While home care agencies have risen to the occasion during weather emergencies for years, it is currently estimated that 30 to 60 percent of home care staff will not be able to respond in an emergency due to their own family obligations or because they themselves fall ill. This statistic is of particular concern as the state contemplates its ability to cope with a pandemic situation.

Home care workers need to implement their own personal emergency planning for themselves and their families. “We want each home care worker to talk to their family, develop emergency plans, and thus be available to work if they are needed,” states HCANH project manager Peggy Gilmour. “The biggest impact we can have is to be personally and professionally prepared for a wide-spread emergency. Ultimately our goal is to make sure home care providers are ready with the staff and personal protective equipment they need to deliver care to their own patients and the influx of new patients discharged from hospitals during a healthcare crisis.”



HCANH PROJECT MANGER PEG GILMOUR
WITH A HOME CARE EMERGENCY KIT.

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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THE NEWSLETTER OF THE HOME CARE ASSOCIATION OF NEW HAMPSHIRE

Summer 2007

REPORT FROM THE STATE HOUSE

Our Review of the 2007 Session

Granite State Home Health Association, the government relations arm of the Home Care Association, followed a number of bills in the 2007 session. Here's the outcome of some of the legislation affecting home health providers.

Fiscal Issues

The State Budget. For the first time the appropriation for home health services in the Home and Community Based Care Waiver for Elderly and Chronically Ill is funded in a separate line item. This positive change will help us determine the impact of budget appropriations on home health agencies more quickly and better analyze trends on state spending for home health services versus other long-term care services. More importantly, the separate budget line will allow Medicaid rate increases to be targeted to those services on which providers are losing the most money, rather than being applied uniformly among all home health services.

The budget does not contain significant cuts to programs or reimbursement rates; however, the rate increases that are included fall far short of what is needed to keep pace with inflation, to begin to close the growing gap between cost and reimbursement, or to alleviate access issues in a meaningful way.

HB 43, a bill to study the procedure for establishing Medicaid reimbursement rates, will not provide Medicaid rate relief in the near term, but it does require the Department of Health and Human Services to study and report on the development

of such rates and to pay particular attention to certain benchmarks including Medicare rates, rates paid by private insurers, Medicaid rates in neighboring states, and the actual cost to deliver the services.

HB 723, a bill to extend the moratorium on nursing home beds, was amended in the Senate to establish a process for “presumptive eligibility” in the Home and Community-Based Care waiver program. Presumptive eligibility will ensure that providers are paid for services provided while eligibility is being determined, even if an applicant is ultimately found ineligible for state-funded services. The Department of Health and Human Services must promulgate rules to institute this change.

Employment Practices

HB 399, a bill that would alter state law regarding the calculation of overtime, was retained in the House Labor Committee where further work is expected this summer or fall. This is a potential problem for home health agencies and other employers, since state law would differ significantly

from federal law, making compliance more complex. If passed, the bill would likely add a cost to doing business in the state.

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Executive Director's Note

Much of our attention in recent months has been focused on state issues, including Medicaid funding and rate negotiations. However, there are significant changes coming in Medicare reimbursement for home health services, some of which will place additional burdens on home care agencies in New Hampshire.

The Centers for Medicare and Medicaid Services has proposed a major overhaul of the payment rules governing the Medicare home health benefit. Among the changes is a reduction in payments of 2.75 percent each of the next three years. This alone would drain over \$23 million from home health care in this state over the next five years (over \$5 billion nationally). Additional cuts are being considered to fund other healthcare initiatives, such as the expansion of the State Children's Health Insurance Program (SCHIP).

The U.S. House of Representatives recently passed H.R. 3162, the Children's Health and Medicare Protection Act of 2007 (CHAMP). This bill would add \$50 billion to SCHIP and avert a 10 percent cut in physician

payment rates. To pay for these expenditures in part, the bill would cut payments to other healthcare providers, including \$2.6 billion from home health (a New Hampshire impact of \$11.8 million over five years). Meanwhile, the Senate has passed its version of the SCHIP expansion at a more modest \$35 billion level, but does not tackle the physician payment issue. The Senate bill relies on a cigarette tax increase to cover the cost, and does not tap other healthcare providers. The House and Senate are now working to craft a compromise measure. While we certainly support expansion of SCHIP, we believe home health agencies should not be expected to pick up the tab.

Our delegation in the House has gone on record opposing cuts to Medicare home health payments. Our thanks to Congressman Hodes and Congresswoman Shea-Porter for their continuing efforts on behalf of home care patients and providers.

Susan Young
Executive Director
Home Care Association of New Hampshire



Home Care Service Award Presented to Charlotte Leavitt

At the Home Care Association of New Hampshire's Annual Meeting on June 20, the Association presented Charlotte Leavitt of Moultonborough with the 2007 Home Care Service Award.

Leavitt, founder of Caring Caregivers and president of the Community Health & Hospice Board of Directors, was chosen for the award in recognition of her statewide advocacy on home care and hospice issues, and her many years working in the field as a nurse and program manager.

Leavitt retired from Community Health & Hospice in 1998, where she had served as the hospice director for nine years. Once retired, she organized a volunteer group in the Lakes Region called the Center Harbor/Meredith/Moultonborough Community Caregivers. (CHMM Community Caregivers). Based in Center Harbor, the volunteer group provides transportation to senior citizens and others who cannot manage transportation on their own. While still involved in



KAREN BARANOWSKI (LEFT) HCANH VICE PRESIDENT, CHARLOTTE LEAVITT (CTR), MARGARET FRANCKHAUSER, PRESIDENT.

CHMM Community Caregivers, Leavitt rejoined Community Health & Hospice as a board member and last year became its President. She continues her 48-year career as a professional caregiver as an advocate for home care and hospice organizations across New Hampshire on a number of issues including end-of-life care.

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HB 797, regulating mandatory overtime for nurses and assistants, includes a Senate amendment which exempts from the prohibition nurses working in a home health care setting until another qualified nurse or customary caregiver relieves him or her.

SB 46, requiring criminal conviction checks of all applicants to practice medicine in New Hampshire, was amended to require a criminal check, including a fingerprint check, of all persons applying for an initial license with the Board of Nursing. The bill specifically states the cost of the criminal check shall be borne by the applicant and it imposes no new mandates on employers in the long-term care system. This new law replaces the prior statutory requirement for background checks on Board of Nursing licensees every two years.

Good News Regarding Killed Bills

HB 81, a bill that would have increased the minimum pay for employees called into work, was killed.

HB 123, a bill that would have required at least ten hours between work shifts, was killed.

HB 366, a bill that would prohibit mandatory work on Thanksgiving and Christmas days for most employees, was killed.

Home Care Association of NH Recognizes Frontline Caregivers

Julie Boyer, Home Care LNA of the Year

The Home Care Association of New Hampshire joined four other state associations on June 7 to honor the state's licensed nursing assistants, who compassionately and selflessly devote their lives to the care of others. Over 70 home care agencies, nursing homes, county homes, hospitals and residential care facilities participated in the annual New Hampshire Nursing Assistant Day, which was celebrated in a special program on the State House lawn.

HCANH selected Julie Boyer of Manchester for special recognition at the event, naming her "Home Care Nursing Assistant of the Year." Boyer was recognized for her positive energy, kind demeanor, and ability to bring a smile to everyone's face. She has worked for the VNA of Manchester and Southern New Hampshire for more than 15 years. "Julie is a standout every moment of every day she provides care to our patients," states Cathy Lodico, private duty manager for the VNA of Manchester. In presenting the award, HCANH President Margaret Franckhauser complimented the fine work and dedication of all those nominated, and thanked the many LNAs who support New Hampshire's ill, frail and disabled citizens every day of the year.



CATHY LODICO, VNA OF MANCHESTER (LEFT), JULIE BOYER, HOME CARE LNA OF THE YEAR (CENTER), WITH MARGARET FRANCKHAUSER, PRESIDENT OF HCANH.



FEDERAL LEGISLATION WATCH

Granite State Home Health Association is monitoring the following federal legislation that may affect home health providers and patients. To read any bill in its entirety, learn more about the sponsor or committee visit www.washingtonwatch.com.

H.R.1178 'Physician Assistants Continuity of Care Act of 2007' would permit a physician assistant, when delegated by a physician, to order or provide post-hospital extended care services, home health services, and hospice care under the Medicare Program.

H.R. 2860 'The Health Care Access and Rural Equity Act of 2007 (H-CARE)' would reinstitute the 5% add-on for payments for rural home health services, and adopt other provisions to support the delivery of rural health-care services.

H.R.2741 Wage index for hospitals and Home Health Agencies. To amend title XVIII of the Social Security Act to provide a wage index floor for hospitals and home health agencies located in certain areas under the Medicare Program. [sponsored by Congresswoman Carol Shea-Porter]

S.321 'Fostering Independence Through Technology Act of 2007' to establish pilot projects under the Medicare program to provide incentives for home health agencies to utilize home monitoring and communications technologies.

S.1605 'Craig Thomas Rural Hospital and Provider Equity Act of 2007' would protect and preserve access of Medicare beneficiaries in rural areas to health care providers under the Medicare program; would allow nurse practitioners, clinical nurse specialists, certified nurse midwives, and physicians' assistants to certify home health plans of care; and would create pilot projects to encourage greater use of telehealth in homecare.