

Legislative Priorities

HB 1 – State Operating Budget

Funding for most home care services is part of the “provider payments” line in the Medicaid budget and part of the “home nursing services” line in the Bureau of Elderly and Adult Services budget. Both lines also fund many other types of services, however, and increases in these lines do not necessarily benefit home health agencies.

HB 681 – Relative to training, quality assurance, and licensing of assisted living facilities

As introduced, this bill applies only to assisted living facilities. However, a provision to grant a 2-year waiver from the annual state survey to deficiency-free facilities should be extended to other licensed health facilities, including home care agencies.

HB 691 – Relative to Medicaid program

This bill is intended to implement the long-term care aspects of the GraniteCare Medicaid reform plan. We support the goal of increasing access to home and community-based care, however changing the criteria for eligibility could lead to a denial of services to people who cannot manage at home without support, and capping the cost of home care at 80% of the cost of institutional care could affect care to severely disabled adults.

HB 656 – Relative to medical decision-making for those adults without capacity to make healthcare decisions for themselves and establishing procedures for Do Not Resuscitate Orders

The Association supports this bill, which is the work product of an ad hoc committee comprised of attorneys, judges, health providers, and others, including the Association, which met regularly for nearly one year to discuss issues related to healthcare decisions, particularly at the end of life. It seeks to clarify and improve the existing statute on healthcare powers of attorney, living wills and Do Not Resuscitate Orders.

SB 77 – Relative to the review of proposed healthcare provider contracts

The Association supports this effort to improve the contracting process with private insurers.

SB 78 – Relative to payment of healthcare providers by health carriers

The Association supports this bill to better enforce the existing prompt payment statute.

SB 170 – Revising the nurse practice act

This bill rewrites the Nurse Practice Act for purposes of much-needed clarity and updating. The Association joins the Board of Nursing and NH Nurses Association in supporting this bill, and favors it over HB 256, which would also revise the Nurse Practice Act.

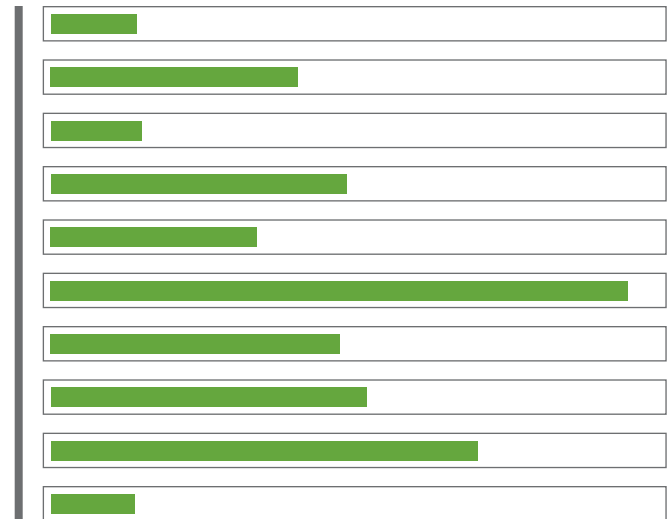
Homefront

HOME CARE ASSOCIATION OF NEW HAMPSHIRE

WINTER 2005

New Hampshire Medicaid Losses Update

Belknap County - \$199,680
Carroll County - \$534,985
Cheshire County - \$204,965
Coos County - \$629,901
Grafton County - \$449,873
Hillsborough County - \$1,121,681
Merrimack County - \$615,268
Rockingham County - \$675,437
Strafford County - \$901,738
Sullivan County - \$195,284



*Membership operating losses by county incurred on Medicaid and state-funded services, excluding services for children.

As the graph illustrates, home care agencies are losing more than five and a half million dollars statewide. Although the loss varies from county to county, these losses mean that many agencies are unable to offer sliding fee services to people who are just over Medicaid guidelines. In the near future, agencies are not going to be able to fill the growing

gap between what services cost and what Medicaid reimburses. When that happens, agencies will be forced to choose which programs to eliminate and even which clients they are no longer able to serve. In fact, several VNAs have already discontinued their homemaker programs.

Medicaid Reimbursement Update

The mission of the Home Care Association of New Hampshire (HCANH) is to protect the availability of home health care and supportive services to individuals living in New Hampshire. Our priority is to ensure the health and well-being of the more than 32,000 individuals our member agencies care for. Home care is a solution to the high cost of hospitals and nursing homes. However, we can only take advantage of in-home alternatives if we have a healthy home care infrastructure, including fair Medicaid

reimbursement rates.

Toward that end, we are currently looking at a number of options in order to obtain implementation of RSA 126-A:18-a, legislation passed in 1997 that requires the Department of Health and Human Services (DHHS) to review and establish rates on an annual basis to better reflect the average cost to deliver care. It has been six years since the DHHS last adjusted Medicaid reimbursement rates.

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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Executive Director Note

When people think of home care, they often think of the elderly. But in fact, our members protect the health and well-being of thousands of New Hampshire citizens—of all ages.

Recently, Sandra Poleatewich, Administrator for Interim HealthCare, told me about a client they're currently working with—a premature baby girl who requires “continuous positive airway pressure” to maintain regular breathing. Because

“We must refrain from shifting costs to another payer—it simply will not sustain our healthcare system.”

the equipment this little girl is hooked up to is not portable, and because she requires tube feedings and various medications, qualified home care is a round-the-clock necessity.

The girl's family also lives in a remote area of the North Country, so routine tasks like traveling to the grocery store or the pharmacy become a complicated and time-consuming undertaking. Fortunately, Interim HealthCare found a highly skilled home care nurse whose expert services have become invaluable to the family.

Whether young or old, home care meets critical needs for our clients and is a godsend to families struggling with the medical and emotional challenges of caring for sick or disabled

loved ones. By employing highly skilled licensed healthcare professionals, Home Care Association members keep families together and help clients maintain their independence.

For many who work in healthcare, it's a calling. In fact, in a 2002 Foundation for Healthy Communities survey on job satisfaction in the nursing profession, home care nurses were the most satisfied with their jobs, even though their salaries were not the highest. A major reason for these results is that home care nurses care for people one at a time. They're able to build relationships with clients and families and experience first-hand the positive effects of their work.

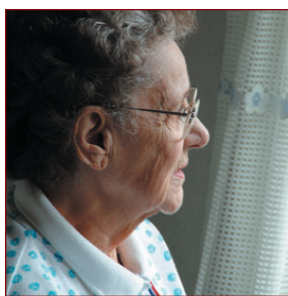
But despite the commitment to the field, home care faces a fragile financial future. To ensure that quality home care remains a viable option for our citizens, we must refrain from shifting costs to another payer or to towns and charitable dollars—it simply will not sustain our healthcare system.

One of our goals at HCANH is to ensure equal access to efficient, affordable, and effective in-home care. And my hope is that this newsletter will offer some valuable insight into the great work our members perform, and the tough challenges they continue to face.

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

Patient Focus: Kate Landry

From Giving to Receiving



Kate Landry has devoted her entire life to helping others. She worked as a home health aide for Androscoggin Valley Health Care until she was 81 years old. Her strength of character, personal resolve, and years of hard work have made her unique. It wasn't uncommon for her to be caring for those who were much younger than she. And now, at age 85 and needing care herself, Kate has become one of the agency's clients and on the receiving end of the quality care she's generously given throughout her life.

What makes Kate so special? Margo Sullivan, Executive Director of Androscoggin Valley Home Care, says, “She has a huge heart. She sees what needs to be done and she simply does it because it's the right thing to do.”

Margo remembers one incident in particular that illustrates

Kate's total dedication to her clients. “I was hired in 1997 and at that time my job was to evaluate our health aides and home aide workers onsite at our client's homes. These visits were unannounced so that we could candidly and accurately gauge the quality of care our workers were administering. One day, we had a terrible snow and ice storm and I was scheduled to evaluate Kate, who at that time was 80 years old. As I was driving to the client's house, I realized I had made a bad decision to venture out. No one was on the slippery roads. None of the buses were running. Schools had been cancelled. When I finally reached the house just before 8:00 a.m., in comes Kate. I said ‘Tell me you didn't drive in this weather Kate!’ And she said, ‘No, I didn't drive, I walked.’ I then proceeded to watch Kate give the client top-notch care. She bathed her, cleaned the bathroom, did her laundry, everything. It was unbelievable. To Kate, it was a simple decision—this client needed her help and Kate was going

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Telehealth

While home care is a high-touch service, it's also becoming a high-tech service. Increasingly, home care professionals are using technology, specifically telehealth services, to help face mounting challenges like shrinking Medicare reimbursement rates, the nursing shortage, and the growth in the aging population.

According to the Journal of the American Medical Association, 100 million chronically ill Americans account for a full 75% of annual health expenditures. Telehealth programs help diminish those numbers by recording client vital signs via alarm clock-sized monitors placed in client homes. Clients with conditions such as congestive heart failure, diabetes, aortic stenosis, and hypertension can monitor heart rate, blood pressure, weight, pulse, and temperature, as well as glucose, pulmonary function, and PT/INR. The monitors can also be programmed for specific diseases and conditions.

The ability to review accurate, real-time data remotely

24 hours a day, allows nurses to respond to medical emergencies more quickly, share information with physicians more easily, and cost-effectively deliver services that enhance the quality of clients' lives.

Andrea Steel, President and CEO of Lake Sunapee VNA discussed her agency's use of telemedicine, “We went into the program to find a way to maximize our nursing resources in light of the nursing shortage and still achieve positive client outcome and high levels of client satisfaction. And we have been able to demonstrate that through our home health compare data. We are exceeding or meeting all the areas assessed by the Center for Medicare and Medicaid Services (CMS). And regarding the hospitalization and emergent care rate, we are far below the state and national averages. We attribute that success to early intervention where we can catch subtle changes in client conditions and intervene to treat them in place rather than through hospitalization.”

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to do everything she could in her power to deliver.”

Though no longer personally caring for clients, Kate continues to serve on Androscoggin Valley Home Care's professional advisory committee. Adds Margo Sullivan, “We're fortunate in many ways—to have been able to offer, through Kate, high quality care for 26 years; to still have Kate's invaluable insight as part of our advisory committee; and to be able to serve Kate in her time of need and give back to someone who gave so much. She's a consummate professional, a remarkably skilled caregiver, and an extremely special person.”

Postscript

Kate Landry died unexpectedly on February 25, the very day this Client Focus column was finished. Like every single client she cared for throughout her life, her own wish was to live as self-sufficiently as possible. That she died in the comfort of her own home is a fitting legacy to a gracious, noble, and fiercely independent woman. And although we will miss her spirit and the gift that was her life's work, we are blessed to have known her and happy that she was able to leave her life the way she had lived it—with peace and dignity.

Kate Landry 1919-2005

HCANH Fast Facts

- Member agencies are required to be licensed by the State of New Hampshire, therefore members are held accountable through state regulation.
- We are comprised of 38 licensed home health agencies.
- Member agencies travel more than 9 million miles to make over one million home visits each year.
- Member agencies provide direct services to clients of all ages who are recovering from surgery, injury or illness, have chronic or terminal illnesses, or other conditions needing support at home.
- According to a National Association for Home Care and Hospice report, New Hampshire ranked among the five U.S. states with the lowest cost per Medicare nursing visit.

“Home Care in the News”

“Home health is not on life support by any means, but its life is being jeopardized by low rates of reimbursement,” said (Susan Young).

Health Providers, residents speak up about Medicaid

By Kevin Landrigan
Nashua Telegraph
Published: Tuesday, Jan. 25, 2005