

Brad Holt

Brad Holt has been a home care services client and advocate for 28 years. On July 31, 1977, at the age of 17, Brad suffered a level c-5 spinal cord injury as a result of a car accident—an injury that left him a quadriplegic and dependent on daily home care services.

Now at age 45, Brad receives between six and seven hours a day of Medicaid-funded home care services from VNA of Manchester & Southern New Hampshire and Granite State Independent Living. In the morning, a nurse visits his Manchester home and helps with any medical needs while an aide helps Brad bathe, dress, and get breakfast. Every night, Brad's Personal Care Attendant helps him into bed, handles his nebulizer, works on his range of motion, and helps with housework.

Receiving more than 25 years of services has made Brad an expert on—and an advocate for—home care services. “The nurses and aides don't get paid nearly enough,” he says. “And as a result, the turnover is high. As a client, reliability is extremely important. Unfortunately, the rate the state pays is not what it should be. Over the years the people who have helped me the most are the people who do it because they

love their work—not for the money. And finding people like that is extremely rare.”

Brad recounts when he worked with another agency, his personal care attendant had to quit to take care of her mother. “I needed someone. I contacted other agencies who told me basically to ‘take a number and get in line.’ I had to move in with my parents for a few months until, fortunately, my current agency found staff. For anyone else who doesn't have family or friends who can jump in and help, living would be impossible.”

More than anything, Brad worries about the future of home care. “We're approaching a crisis situation,” he says. “And we've been fighting this in Concord since the '80s. The feds tell us they want to keep people in their homes, but then don't send the money for it. It's a nice sentiment, but without the funding, it's a hollow one.” Brad has lobbied in Concord and addressed the Finance Committee and Health and Human Services Committee on the issue. “If they continue to nickel and dime the home care services industry, it's going to end up costing a lot more.”

“Home Care in the News”

Concord Monitor • Monitor Editorial • June 26, 2005

Low Medicaid reimbursement rates are a chronic problem. This spring, it finally led the Home Care Association of New Hampshire to sue the state to follow the law that requires raising them. The budget on Gov. John Lynch's desk does grant the agencies a 4.6 percent increase. But that's not enough to make a difference, given how far behind they've fallen and how fast costs are rising.

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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Homefront

HOME CARE ASSOCIATION OF NEW HAMPSHIRE

FALL 2005

OneChapterEnds AnotherChapterBegins

Lawsuit Settlement

In July, the Home Care Association of New Hampshire (HCANH) reached a settlement agreement with the Department of Health and Human Services (DHHS) ending a lawsuit filed in Spring 2004 regarding Medicaid reimbursement rates. It is not the end of the story, however, and much more remains to be done to maintain a healthy home care infrastructure for citizens who rely on this care.

As part of the agreement, DHHS will work cooperatively with HCANH and their member agencies to develop rules that will establish a home health rate-setting methodology for Medicaid rates that better reflect the average cost to provide those services. DHHS will also be responsible for producing an annual report on these rates, their methodology, and the costs associated with providing home care. Both HCANH and DHHS will work together to identify available funds to effectuate increased home care reimbursement rates.

Specifically, the settlement agreement requires four things.

- **Rate-setting rules** - DHHS, in consultation with HCANH, will draft rules to establish a rate-setting methodology for Medicaid home health services. Having a methodology that is accepted by both parties and embodied in state administrative rules will provide more reliable data to legislators in the future and, hopefully, make future budget decisions easier.

- **Annual reports** - DHHS will prepare and file a report relative to reimbursement rates for home health services by November 1st or 60 days after the effective date of the

rules, whichever is later, and then annually beginning November 1, 2006.

- **Cooperation and best efforts to obtain a rate increase for HCBC-ECI home health services in '07** - DHHS and HCANH will work cooperatively to identify available funds for HCBC-ECI home care rate increases in fiscal year '07. HCBC-ECI is the part of the Medicaid program that covers people who are medically eligible for nursing home admission but able to be cared for safely and cost-effectively at home. This Medicaid waiver program accounts for two thirds of home health services purchased by the state. The legislature mandated a 4.6% rate increase for these services in fiscal year '06 only.

- **Cooperation and best efforts to review provider payments and possibly to seek a rate increase for provider payments home health services** - DHHS and HCANH will review provider payments rates and possibly recommend rate increases for these home care services. Provider payments is the part of the Medicaid program that covers acute care services such as hospitalization and physician outpatient services. Provider payments, for example, covers home health services for people who have returned home following a major surgery. About a third of home health services purchased by the state are covered by this part of the Medicaid program. The state's 2006-07 operating budget includes no rate increase for these home health care services.



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

Executive Director Note

Our efforts over the years and particularly last year have been focused on trying to ensure continued access to quality home care services, not just for those with Medicare, private insurance and personal funds, but also for people who don't have those resources.

In this issue of Homefront, we report on our recent lawsuit settlement with the Department of Health and Human Services regarding Medicaid reimbursement.

While the settlement is good news in that it moves toward a better understanding of what it takes to finance in-home services, much more still needs to be done to maintain a healthy home care infrastructure.

Last year alone, HCANH's 38 home health agencies lost more than \$5.5 million as a result of delivering Medicaid services. And though we appreciate the rate increase for HCBC-ECI home health services, the amount and scope of this increase falls far short of what is necessary to provide

continued access to home health services for the thousands of New Hampshire citizens who rely on home care to remain independent, at home, and with their families.

This issue of Homefront will also explore providers' quality improvement initiatives, profile Brad Holt, a home care client, and celebrate November as National Home Care and Hospice Month. Because our goal at HCANH is to ensure equal access to efficient, affordable, and effective in-home care, we hope you will join us as we redouble our efforts toward realizing that vision.



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

Giving Thanks



November is National Home Care and Hospice Month when we celebrate the role that home care plays in the lives of recovering, disabled, and chronically or terminally ill members of our community. It is also a time to promote greater awareness of home and hospice care benefits and to honor patients, family members, dedicated professionals, and committed volunteers who help care for people in the comfort of their home.

Every year in New Hampshire, over 32,000 individuals rely on the home health services delivered by Association members. And every day, over 4,000 people care for these clients performing work that is emotionally and professionally satisfying. These are very special people.

Medicare Rx Access Network

Medicare Part D is the new prescription drug insurance program available beginning January 1, 2006.

Important dates to remember regarding the Medicare Prescription Drug Benefit:

- **October 15, 2005:** Sixteen organizations will release their approved prescription drug plans.
- **November 15, 2005:** The enrollment period begins and beneficiaries will need to pick a plan that suits them.
- **Coverage starts on January 1, 2006.**
- **May 15, 2006:** The enrollment period ends and eligible recipients will have to wait until the next enrollment period if they want to receive the benefits.

Are you prepared? For assistance, call:

HICEAS at 1-800-852-3388
ServiceLink at 1-866-634-9412
or 1-800-MEDICARE (1-800-633-4227)

HCANH Fast Facts

- Did you know the average licensed home health aide makes on average \$11.50/hour in New Hampshire, while New Hampshire state toll collectors make on average between \$10.60 to \$12.00/hour?
- Last year home care workers traveled over 9 million miles to visit over 32,000 patients. At today's average gas cost of \$2.80 per gallon, using vehicles getting an average of 20 miles per gallon, workers spend \$1.26 million to get to their patients.

Quality in HomeHealthCare Good and Getting Better

An Interview with Robert A. Aurilio, CEO of the Northeast Health Care Quality Foundation, the Medicare Quality Improvement Organization (QIO) for Maine, New Hampshire, and Vermont.

1. What role do you play in quality improvement for home health care?

As the federally designated QIO, we work with healthcare providers in Maine, New Hampshire, and Vermont to improve quality for Medicare beneficiaries.

Specific to home health agencies, we work in two ways. At a statewide level, we work to reduce the number of acute care hospitalizations by implementing influenza and pneumococcal immunization protocols. We also work on the publicly reported measure to improve oral medication management.

We also work with two identified participant groups (IPGs). The first is a clinical IPG where we work on acute care hospitalization measures and another publically reported measure of their choice. With the other IPG, we work on improving organizational culture with in the agency to reduce acute care hospitalizations.

2. How does New Hampshire rank in your opinion?

In my opinion, we are awesome. In a study ranking quality indicators, the *Journal of the American Medical Association* (JAMA) ranked New Hampshire first in the country, Vermont second, and Maine third, based on 1998 data. The study was replicated for 2000-2001 and the three states retained their top positions. In particular, New Hampshire was not only the first in the reassessment but also showed improvement of greater than 50 percent. So even at the top, we showed the ability to deliver high quality care and also to improve, which helps us reach our ultimate goal of delivering the right care to the right person—every time.

3. What do you see as the biggest hurdle in continuing to provide quality Medicare services...and why?

It's the same thing providers deal with: limited resources and funding to take care of more patients who are living longer and requiring more services with less financial assistance. I think we need to create a bigger congressional push on elected officials to subsidize programs and allocate more money. Also, to increase the emphasis on preventative care.

4. What you work on sounds very technical in nature. How can the public evaluate the quality of home health services?

The government's website www.medicare.gov is a good resource to get information on home health agencies in any state in the country.

5. What do you think patients value most about home health care?

The ability to stay at home. More than ever, people don't want to be institutionalized or be in hospital for services that could be provided in their own home. At home, you're happier.

6. Anything else you'd like to add?

I'm proud of our home health agencies in New Hampshire, Maine, and Vermont. They're the only three states where 100 percent of the agencies have worked on these voluntary quality initiatives. I applaud their commitment.