

Quick Reference

Bureau of Elderly and Adult Services (BEAS)

The Bureau of Elderly and Adult Services provides a variety of social and long-term supports to adults age 60 and older and to adults between the ages of 18 and 60 who have a chronic illness or disability. These services range from home care, meals on wheels, care management and transportation assistance to assisted living and nursing home care.

Bureau of Health Facilities Administration (BHFA)

BHFA is the office within the Department of Health and Human Services responsible for licensing and certification of over two dozen types of healthcare organizations. Home care entities licensed by BHFA include home healthcare agencies, homemaker agencies, and hospice programs.

Centers for Medicare and Medicaid Services (CMS)

The Medicare (federally funded) and Medicaid (state-federal) programs are both overseen by the Centers for Medicare and Medicaid Services (CMS), an office within the US Department of Health and Human Services. Federal Medicaid regulations stipulate that providers of home healthcare services meet certification requirements under the Medicare program. CMS is also responsible for approving the state's Medicaid waiver programs and other health initiatives funded by the federal government.

HCBC-ECI

HCBC-ECI stands for "Home and Community Based Care for the Elderly and Chronically Ill" and is a Medicaid waiver program administered by the Bureau of Elderly and Adult Services. The purpose of the waiver is to help elders and adults with disabilities who are clinically eligible for nursing home placement to remain in the community. There are income and medical eligibility requirements for the program, which is funded with federal, state, and county dollars.

Medicaid—Waiver and "Regular"

Medicaid is a state and federally funded program to provide healthcare for certain low income residents. In New Hampshire, county governments cover one fourth of the cost of care for Medicaid patients in nursing homes and those on the HCBC-ECI waiver. Home healthcare services are covered under two different parts of the Medicaid program. Waiver programs cover long-term care services for those who would otherwise require nursing home placement, and the "regular" program focuses on intermittent skilled care, such as nursing, therapies and home healthcare delivered under the supervision of a nurse or physical therapist.

Visiting Nurse Association (VNA)

VNA is a special designation applied to some freestanding, not-for-profit, community-based providers of home healthcare services. In New Hampshire, VNAs and hospital-based home health agencies provide a majority of the skilled home healthcare. Other not-for-profit and proprietary providers are also licensed as home health organizations and are important parts of the state's home health provider network, delivering both skilled and long-term care services.

New Hampshire Home Care: An Information Guide

Prepared by
Granite State Home Health Association
An Affiliate of the Home Care Association of New Hampshire



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healthcare choice—home care.*



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Home Care Association of New Hampshire Our Mission

The Home Care Association of New Hampshire promotes the delivery of responsible, high quality healthcare in the home by offering education and networking opportunities for home care professionals, providing leadership on home care issues, and serving as an advocate for and a resource on home care in state budget planning and policy decisions.

The Granite State Home Health Association is the government relations arm of the Home Care Association.



Long-term Care. People with chronic conditions requiring skilled intervention can often be maintained in the community, thereby preventing the need for inpatient care at a hospital or nursing home. Home health is a cornerstone of the state's Medicaid waiver for the Elderly and Chronically Ill (HCBC-ECI).

Flexibility. Home care's flexible scheduling, settings, and services make it possible to design a plan that best meets the needs of the individual and his or her family.

Partnership Care. Home healthcare agencies, physicians, and other providers have developed clinical protocols and partnerships that eliminate duplicative efforts and create a stronger infrastructure for integrated care.

Valuable Perspective. Home healthcare providers visit patients in their homes, giving these caregivers a unique understanding and knowledge of the home situation and family dynamics, which are critical to successful care and recovery.



Summary

As a state, we face many challenges on the healthcare front: declining Medicare reimbursement, low Medicaid rates, rising costs, and nursing shortages. We must continue to advocate for patient rights and craft policies that mitigate these challenges and leverage every opportunity so that excellent home healthcare will remain an option for every New Hampshire citizen.



2) Medicaid

Medicaid is a federal-state program to provide assistance, including healthcare services, to low income individuals of all ages when eligibility requirements are met. Medicaid home health services include those available under the Medicare program, as well as skilled long-term care for severely chronically ill children, often called “private duty nursing.” Patients do not need to be homebound to receive Medicaid home healthcare services.

In addition, Medicaid waiver programs, primarily the program known as HCBC-ECI (Home and Community Based Care for the Elderly and Chronically Ill) cover in-home care and support for those who are at risk of nursing home placement. About 45 percent of these in-home supports are provided by licensed home health agencies using

trained, supervised workers such as nurses, nursing assistants, homemakers, and personal care workers. The rest fall under the category of non-medical home care supports, including consumer-directed services.

3) Private Insurance and Managed Care

Benefit packages for home healthcare under private insurance and managed care plans, including self-insured plans, differ from plan to plan. In the more common managed care plans, the extent and frequency of home healthcare services authorized by the plan for an individual are likely to be based on an initial assessment done by a licensed home health agency.

4) Free Care and Community Funding

Many not-for-profit home health agencies receive grants or community funds through donations, town appropriations, the United Way, or other arrangements to provide care to local residents free of charge or on a sliding fee scale basis.

The Home Care Solution

Despite its low profile, home healthcare has become recognized by policymakers, budget-writers, insurers, and other healthcare providers as a solution to some of the challenges faced by our health system. Here are some of the reasons:

Cost-effectiveness. Home healthcare services offer significant savings over inpatient care at hospitals, rehabilitation centers, and nursing homes for many patients who do not need round-the-clock supervision.

Responsiveness. Many home healthcare agencies offer expanded office hours and are able to make admission visits during evenings and on weekends. Care is provided as needed regardless of the time of day through 24-hour on-call services.

Advanced Capabilities. Specialized care programs and services for conditions such as diabetes, asthma, or cardiac problems are coordinated with physicians and other care providers to avoid more costly interventions and achieve optimal healthcare outcomes.

Introduction

While home care is an important component of New Hampshire's healthcare safety net, and indeed of the healthcare delivery system nationally, it is often nearly invisible to the general public. Why?

In part, because instead of residing in imposing buildings, home healthcare is delivered by individual caregivers traveling in their cars from patient to patient, each living in his or her own home. Also, most people don't become aware of this important resource until they need it. Anyone who has experienced home healthcare first hand, either for his or her own care or for a loved one, recognizes that this quiet care is one of the most critical elements of our healthcare system. It not only promotes health and independence, it keeps many families together throughout their lives.

Granite State Home Health Association

Granite State Home Health Association represents agencies licensed to provide home healthcare services in New Hampshire. Member agencies provide healthcare and supportive services for thousands of New Hampshire residents of all ages who:

- Are recovering from surgery, injury, or illness;
- Have chronic or terminal illnesses; or
- Have other conditions needing support at home.

Home healthcare services include skilled care such as:

- Skilled nursing
- Physical, speech, and occupational therapy
- Neonatal care
- Long-term care for certain chronic conditions

Home health agencies also provide non-medical care such as:

- Homemaking services
- Personal care
- Respite care
- Companionship

Why is home care important to New Hampshire residents?

Members of the Granite State Home Health Association are integral to the health and well-being of more than 36,000 individuals in New Hampshire. Each year employees of these agencies travel nearly 10 million miles to make more than 1.3 million visits to deliver care where patients want it—in their homes. About 12% of home health patients are partially or fully covered by Medicaid or other state programs.

It is critical that we create and finance a reimbursement structure that ensures New Hampshire citizens have access to quality home care services—anywhere in the state.

Home Health and the New Hampshire State Budget

Funding Facts

The state purchases home health services for residents of all ages through several Medicaid programs as well as other state and federally funded programs. Despite recent increases in Medicaid reimbursement rates, (including the 4.6% increases adopted in Fiscal Years 2006 and 2007), New Hampshire's home care agencies continue to lose 30 to 50 cents on the dollar when they provide skilled home care services to Medicaid clients, for whom the state is responsible.

In 2005 alone, the 41 New Hampshire home care agencies that belong to the Granite State Home Health Association lost more than \$5 million delivering Medicaid services to clients. Home healthcare agencies statewide are struggling to keep client services intact under the weight of inadequate Medicaid reimbursement rates, Medicare payment reductions, high gas prices, rising insurance premiums, and other escalating costs over which agencies have little or no control.

Legislative and Legal Actions

In 1997, after eight years without rate increases and a two-year legislative battle, the state enacted a rate-setting law which requires Medicaid reimbursement rates for home healthcare services that "better reflect the average cost to deliver services." The Department of Health and Human Services (DHHS) has complied with only one part of the law only once since 1997—in 1999 after an outside consulting firm analyzed costs in the home healthcare industry and helped DHHS determine rates to reflect those costs. DHHS failed to adopt rules setting forth a rate-setting methodology, as required in the law, nor did DHHS perform annual rate reviews or submit annual reports to the legislature, as required in the law. Most important, it has failed since 1999 to make annual rate adjustments to ensure that rates continue to "better reflect the average cost to deliver services."

In 2005, the Home Care Association of New Hampshire filed a lawsuit against DHHS asking the court to order DHHS to comply with state law. DHHS attempted to have the case dismissed, however, HCANH was successful in defeating that attempt. Thereafter, an out-of-court settlement between the parties was reached and negotiations began. Although the negotiations were time-consuming and costly for the association, they appeared to be moving the parties toward resolution. Unfortunately, in December 2006, DHHS unilaterally suspended negotiations stating that other priorities took precedence over home health reimbursement. This is a blatant violation of the settlement agreement and the state law.



Home care is an efficient, cost-effective alternative to institutional care offering professional, high quality healthcare services for more than 36,000 New Hampshire residents where they want it—in their homes.

What Is Home Care?

Home care is a generic term that encompasses a wide range of health and social supports. Generally, home care is appropriate whenever a person prefers to stay at home but needs care that cannot be easily or effectively provided solely by family and friends, and for whom obtaining services in another setting would be inconvenient or physically difficult.

"Home healthcare" is actually a segment of the range of services that many have come to refer to as home care. In New Hampshire, home healthcare can only be delivered by an organization licensed by the state to provide this care. These organizations comply with a set of regulations created to ensure that care delivered meets certain quality and safety standards.

What Is Skilled Care?

Skilled care is delivered by nurses, therapists and licensed nursing assistants, and is delivered in visits that are typically an hour or less in duration. The focus of these visits is on accomplishing a set of therapeutic activities to attain specific goals.

What Is Non-Medical care?

Non-medical care is comprised mostly of supportive services such as homemaking, personal care, companionship, errands, and other activities that do not require the skills of professional caregivers. These services are delivered in visits that are typically longer than two hours in duration and may involve supervision and socialization, in addition to accomplishment of specific home management and support tasks.

Who Can Receive Home Care?

Anyone who is recovering from surgery, injury, or illness; has a chronic or terminal illness; or suffers from other conditions needing support at home. Services may range from short-term physical therapy for a child or young adult following surgery to long-term personal care for a senior citizen who would otherwise be in a nursing home.

Who Pays for Home Care in New Hampshire?

1) Medicare Home Health Benefit

Medicare is a federal health insurance program for people of any income who are age 65 or older and disabled individuals who meet certain criteria. In New Hampshire Medicare pays for about 65% of the home healthcare services delivered. Medicare will pay for home healthcare services to Medicare beneficiaries only if all four of the following criteria are met:

- Intermittent, skilled nursing care, physical therapy, or speech therapy is needed.
- The individual is homebound.
- The individual is under the care of a physician who determines home healthcare is needed.
- The home healthcare agency providing services is a Medicare-certified agency.

Home healthcare services covered by Medicare include skilled nursing care, therapies (physical, occupational and speech), home health aides, medical social services, and durable medical equipment (DME). Only DME is subject to a co-payment. Medicare coverage focuses on medically-oriented acute and rehabilitative care; it does NOT pay for long-term care services.

Managed care has been introduced into the Medicare program in recent years, and often offers a more conservative home health benefit than is available under the traditional Medicare program. Medicare Advantage plans, as these are called, may involve co-payments for home healthcare services.

