

THE CONNECTICUT ASSOCIATION  
for **Home Care, Inc**

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TESTIMONY  
BEFORE THE HUMAN SERVICES COMMITTEE  
REGARDING

**\*Proposed S. B. No. 246 AN ACT CONCERNING HOME AND COMMUNITY-BASED  
SERVICES FOR FAMILIES WITH SPECIAL NEEDS CHILDREN**

Senator Harris, Representative Villano, and members of the Human Services Committee, my name is Brian Ellsworth and I am President & CEO of the Connecticut Association for Home Care, whose members serve over 75,000 elderly and disabled Connecticut citizens. The Association supports the objectives of proposed S.B. 246. We would like to particularly focus on home health services for medically complex kids covered by Medicaid.

Pediatric home care has the ability to eliminate or forestall costly institutionalizations of medically compromised children. This allows children to stay home with their families and can be cost effective for the taxpayer at the same time.

Pediatric home care for medically complex kids is specialized care that requires a home health agency to have a cadre of trained & experienced nurses. The work is demanding and requires strong independent & technical practice skills. As a result of the current nursing shortage, pediatric nurses have posed a particular challenge for home health agency workforce recruitment & retention efforts. When available, they command a premium.

Unfortunately, home health care's efforts to develop this type of service are made worse by woefully inadequate and non-rational Medicaid rates for extended nursing visits (sometimes called "shift nursing"). These are visits by home care nurses that are longer than two hours. In this case, the home health agency is paid on an hourly basis instead of by the visit.

The Medicaid rates for extended nursing visits are significantly below costs and worse yet, they are below the already inadequate rates for non-extended per visit nursing. For instance, the Medicaid rate for a non-extended skilled nursing visit is \$91.52. The extended nursing rate is \$41.86 an hour. Using industry standard productivity figures, it is clear that non-extended nursing visits are economically preferable to extended hourly nursing for Medicaid patients.

It is important to note that the non-extended nursing rates are no bargain either. Current rates are approximately 30 percent below the 2004 average cost per nursing visit of \$125 in CT.

In short, extended nursing visits, to medically complex kids or any other fee-for-service Medicaid patients, are unfeasible in the current rate structure. The Association's 2007 legislative agenda calls for a 24 percent increase in extended nursing visits. Absent this type of increase, the status quo of an inadequately developed pediatric home care infrastructure and the prospect of costly & needless institutionalizations will continue.

Thank you for your interest. I would be pleased to answer any questions that you may have.