



TESTIMONY BEFORE THE APPROPRIATIONS COMMITTEE  
REGARDING THE DEPARTMENT OF SOCIAL SERVICE BUDGET PROPOSAL FOR  
**MEDICATION ADMINISTRATION**

February 17, 2012

Senator Harp, Representative Walker and members of the Appropriations Committee, my name is Tracy Wodatch and I am the Vice President of Clinical and Regulatory Services at the Connecticut Association for Home Care & Hospice (CAHCH), whose licensed and certified home health agencies serve over 100,000 elderly, disabled and terminally ill Connecticut residents annually. I am also a Registered Nurse with nearly 30 years of experience in both the institutional setting as well as home care.

My testimony addresses the DSS budget recommendations for cost reductions within the state's medication administration program, a program that cost the state \$128 million last year. While CAHCH and its home health provider members recognize the need for cost savings in this area, we want to be part of the solution in reducing these costs yet feel that frequently we are viewed as the problem feeding the costs. This evening, you will hear from several of our home health providers who will outline some specific examples explaining the intricacies and complexities of med admin within the home care setting. We respectfully ask that you seriously consider our comments and suggestions before moving forward with the proposed cost savings.

First of all, we do adamantly **oppose** a rate reduction to the med admin rate for a nursing visit. Currently, DSS pays agencies a rate which is two-thirds of the skilled nursing rate, sending a message that a med admin visit is a visit that doesn't recognize the skills of the nurse performing the visit and assumes that the visit only encompasses the task of giving pills. Reducing this rate by an additional 10% devalues the skills of the nurse further and has potential to put the very agencies able and willing to care for this vulnerable population at risk for going out of business. The rate reduction is wrong.

Also included in the budget proposal are some med admin initiatives that may help to ensure significant cost savings and allow more CT residents to transition from the

institutional setting to the community through MFP. The licensed home health agencies do not want to be viewed as a barrier to the success of MFP. We support rebalancing and we **support** the premise of these med admin initiatives including permitting nurses to delegate med admin “in certain cases” to specially trained and qualified home health aides and providing access to assistive technology such as medication reminders and automatic pill dispensers. However, this cannot be a broad brush random approach. CAHCH and our members urge DSS to proceed carefully and thoughtfully with these options to ensure that the safety and quality of care provided to these clients as well as the nurse’s license is not impacted.

Since April of 2011, CAHCH and its members have been working collaboratively and effectively with ValueOptions in managing the care and services provided to the behavioral health population. As a result, several of our members are able to report an approximate 8-12% reduction in visit utilization for their medication administration clients (This is comparing visits from 4<sup>th</sup> quarter 2011 vs 4<sup>th</sup> quarter 2010). This has been accomplished through expert, careful review of care plans, diagnoses, and accompanying symptoms. To accomplish further savings without compromising care, DSS must endorse this continued collaboration and expert recommendations. The new medical ASO Community Health Network and the Department of Public Health who licenses and regulates the Home Health Agencies must also be part of the planning and implementing of these initiatives. Together, we can and will ensure further cost savings.

Thank you for the opportunity to address your committee and please contact me with any questions.

Tracy Wodatch

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