



TESTIMONY BEFORE THE HUMAN SERVICES COMMITTEE

SB 30 An Act Implementing Provisions of the Budget Concerning Human
Services

March 1, 2012

Senator Musto, Representative Tercyak and members of the Human Services Committee, my name is Tracy Wodatch. I am the Vice President of Clinical and Regulatory Services at the Connecticut Association for Home Care & Hospice (CAHCH) and I am also a Registered Nurse with nearly 30 years of experience in both the institutional setting as well as home care.

Our member agencies employ over 10,755 home health and hospice workers in Connecticut and perform nearly 5-million home health visits each year. Our trained nurses and aides allow chronically ill and disabled individuals to receive cost-effective healthcare in the comfort of their own homes – the setting that they, and their family members, prefer most.

My testimony addresses the DSS budget recommendations for cost savings within the state's medication administration program, a program that cost the state \$128 million last year. CAHCH and its home health provider members certainly recognize the need for cost savings in this area and we are supportive of a collaborative approach that will ensure safe, quality care is provided in the most cost-effective way. Today, 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. We also **support** the appropriate use of 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 (comparing visits from 4th quarter 2011 vs 4th quarter 2010). This has been accomplished through expert, careful review of care plans, diagnoses, and accompanying symptoms and for the most part, without negative impact to the clients. To accomplish further savings without compromising care, we urge you to 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 without comprising the quality and safety of care provided to our residents in need of medication administration to maintain their status as community dwellers.

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

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