

**All About You Collaborative Health Care Services, LLC**

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**Testimony Before The Appropriations Sub Committee on Health Public Hearing Regarding The Governor's Proposed FY 2016-2017 Biennial Budget**

**March 6, 2015**

Thank you Senator Terry Gerratana, Representative Patricia Dillon and the Appropriations SubCommittee on Health Committee Members for the opportunity to speak with you today.

My name is Yvonne Milewski Gamelin. I am an RN and co-owner and managing partner at All About You Collaborative Health Care Services, LLC. I am speaking to you tonight in opposition of the Governor's newly released budget proposal which indicates significant cuts for reimbursement to Medicaid providers.

The proposed Medicaid budget cuts have the potential to negatively affect our most vulnerable populations: the elderly, individuals with behavioral health issues and children/adults who have significant health care needs and require support in the home. As a home care agency, we provide services to a large number of elderly as well as individuals with behavioral health issues in New Haven county, Litchfield county and parts of Fairfield county. We provide services all over Connecticut for our pediatric extended care program due to the demand for services being greater than the availability of agencies able or willing to provide this service specifically for medicaid. We are a for profit agency committed to providing the best possible care to the most disadvantaged. It is not just non profit agencies that serve these vulnerable populations. The vision that my partner and I had when we started our agency was to do our very best to develop a care team capable and dedicated to the care of children requiring complex skilled nursing care for extended hours in the home setting. This type of nursing had become a passion for me and my partner was equally committed to this cause. Fifteen years ago when our agency started, hospitals were having great difficulty sending the most compromised pediatric clients home due to the difficulty locating agencies like ours that could commit staff for coverage that might span 23 hours per day, 7 days per week. It was in pursuit of solutions to the obstacles that stood in the way of infants and children going home or remaining home despite illness progression, that our agency came to work with concerned legislators. We were supported in our coalition by officials from DPH and DSS, the Office Of The Child Advocate and the Office Of The Health Care Advocate along with invested hospital administration and our fellow home care industry, in a grassroots effort to improve access to care and set a standard for competent care that continues in our state's home health agencies today. Reaching out to the underserved residents of our communities, working to identify ways to help a client experience improved physical, emotional and social health has remained a cornerstone of our agency. The vast majority of our clients receive home health care funded by Medicaid which is also the lowest reimbursement of any payer source to our industry. We have grown as one of the top contenders of our state and several agencies have lowered their participation or fully ended it with Medicaid, we continued to provide the support that is required by our industry despite our risks set before us by our state. We still continue to work collaboratively with communities to save the State of Connecticut money and in a matter that provides better health outcomes for the residents of Connecticut. We are a part of "Healthy West Haven Collaborative". This group was formed to assist in improving health outcomes and decreasing re-hospitalization for the residents of West Haven. The West Haven population has a significant number of

individuals with behavioral health issues who receive services through Medicaid as a payer that could be significantly affected by the proposed Medicaid cuts. We are a part of Griffin Hospital's Collaborative as well as Charlotte Hungerford and Yale New Haven Hospital, all working together to improve the health outcomes of our communities. One of the top reasons for re-hospitalization for many of these hospitals is behavioral health. We do not need to cut the resources, we need to increase them. Already, we witness on a daily basis with our clients, the hardships that they endure; homelessness, lack of adequate food and clothing, funds for medication co-pays, isolation, and hopelessness, some ending in suicide because of the despair they face.

All About You Collaborative Health Care Services, LLC has long served both pediatric and adult individuals by providing extended care nursing in the home. These individuals have complex medical needs and may also require high technology support in the home. Our program that provides home care to these underserved adults and children has already been at risk based on current Medicaid rates and audit extrapolations. Due to financial constraints, we have had to stop admitting new patients to this program. With the proposed cuts, we will have to close our program all together. This population desperately needs home based supports to remain in their own home. Facility placement may become a certainty for some. We have dealt with the barrier of recruiting experienced pediatric nurses with high technology skills including ventilator experience. With a Medicaid reimbursement rate to home care of \$36.80 per hour for LPN and \$43.50 per hour for RN, the hourly rate of pay we can offer these nurses is lower than other health care markets in Connecticut and diminishes the true value of the skill these nurses provide. We provide thorough orientation and establish nurse competency at our own expense to make sure that these clients receive the very best care. Close supervision of clients and field staff is a requirement of CMS and DPH while current Medicaid reimbursement does not cover this cost. With the Affordable Care Act's new requirement for agencies to offer health insurance for employees working 30 hours or more, low Medicaid reimbursement rates and the potential for extrapolations with DSS financial audits, this program is barely surviving with the current rates of reimbursement. Specialty long term care hospitals and extended care facilities are known to be costly while home care provides a less expensive option with the potential to save the Medicaid program tens of thousands of dollars on one continuous care client alone. With any reimbursement cuts, our program will be forced to close.

Beyond our pediatric program, we have established a team and program services designed to support and provide skilled care to individuals challenged by mental illness. In particular, our nurses possess astute skills of assessment, therapeutic communication and behavioral health nursing intervention. These skills are a critical component of the multidisciplinary treatment plan that strives to empower our clients to realize their own goals for healthcare, treatment and quality of life.

The State has closed down behavioral health facilities and ended behaviorist support for home care in the past decade or so. Other than home care, many of the individuals requiring community based behavioral health care have no other or limited resources to support them in their home environment and often some have to wait months for a psychiatrist appointment. As you may be aware, the full support for this population from State agencies has diminished due to financial constraints. This has left home care agencies as a major support service for behavioral health patients in the community. To close the gap in available services, home care agencies like ours with trained home care nurses and rehabilitation teams have successfully managed thousands of behavioral health clients in all of our communities. We have demonstrated the ability to improve health outcomes and increase the ability for these individuals to live successfully in the community, keeping our patients and the community safe. Through acute and chronic disease management, early recognition of condition change and early intervention, our agency has been able to show evidence of decreasing utilization with this population therefore improving overall health

outcomes. Our efforts and those of our colleagues, remain constant to maintain the safety and well-being of our clients and promote the highest degree of independence possible. These clients have the same need for quality of life that all of us here this evening aspire to. The difference is that many of these individuals have limited or no ability to self-advocate and their daily life can be a constant struggle intensified by their mental health diagnosis compounded by several co-morbidities. In the last few years, authorization for services for these patients has been determined by Value Options Behavioral Health Partnership (BHP), an oversight agency that determines what level of care a home health client may receive. We have embraced the philosophy of BHP to transform the mental health care delivery system toward a "recovery" model. Prior to BHP's involvement in providing clinical oversight to the authorization process, our utilization among our behavioral health clients averaged a decrease of utilization by 4% annually in 2012. During 2013 and 2014, we have seen our utilization decrease by 11-12% and we continue to work with BHP, community treaters and our clients to decrease utilization further. This decrease in utilization within our agency alone, has resulted in a decrease in billing to Medicaid per patient per month by \$503.58 or our overall billing per client by 22% over the past 4 years. Medicaid is our highest payer source with 75% of client care reimbursed by Medicaid. Since this requirement of BHP for authorization, we have been forced to hire on three more salaries to keep up with the demanded requirements of obtaining an authorization, adding to our overhead which has increased our operating cost.

Our elderly population are also at risk with the proposed cuts to Medicaid and the increased expectation of co-pays for the elderly receiving services through Connecticut Home Care Program for Elders. This population struggles to afford their medication, food, heat and other key living essentials. Adding additional co-pay burden can prove detrimental. State savings in cutting the program will lead to increased healthcare costs. Compromising Medicaid services to our most vulnerable populations could potentially contribute to an increased hospitalization percentage for the State, the very task we are collaborating to decrease.

Home care is a major contributor to the work force in Connecticut. As an agency, we have approximately three hundred and fifty (350) annual W2s. Our agency workforce includes nurses, home health aides, therapy staff and office support staff. With these proposed cuts to Medicaid provider reimbursement in combination with increased operating costs due to employer obligations under the Affordable Care Act, we will need to consider staff lay offs and examine our ability to continue to serve these vulnerable populations. In addition to the significant costs of providing patient care, the risk of extrapolation with DSS audits put agencies at further financial risk. It has been five years since home care has received an increase in reimbursement for services provided. In addition, taxes are high and DSS audit extrapolation are above what any other industry has to endure. According to the Connecticut Association of Health Care at Home, home and community based providers saved the State of Connecticut 533.5 million under the Medicaid program between 2009 and 2013. To date, All About You Collaborative Health Care Services, LLC. has served approximately 3000 Medicaid patients between years 2002 and 2015.

We would like to see the State of Connecticut pull Medicaid providers from all industries together including Hospital CEOs, the Connecticut Hospital Association, the Coalition for Primary Care Physicians, skilled nursing facilities and the CT Association for Healthcare at Home and home care agencies to collaborate on a cost effective, controlled delivery of care that would improve health outcomes and decrease State re-hospitalization percentages. The answer is not for the State to cut reimbursement to the groups that are working on health savings and improving health outcomes, but to support them in their efforts.

Respectfully,

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