New England Home Care Testimony to the Appropriations Committee
Regarding the Governor's Biennial Budget for the Department of Social Services
Tuesday, March 5th, 2019

Good evening Senator Osten, Representative Walker, and members of the Appropriations Committee, my name is Kimberly Nystrom and I am the President of New England Home Care, and the President of Behavioral Health for our parent company Elara Caring. As some of you are aware, New England Home Care provides specialized home health services in Connecticut for Medicaid members who range in age from 1 day to over 100 years old. We have three specialized divisions of home health services:

- **Pediatrics** and care to Medically Fragile Children, servicing over 100.
- **Skilled care to the elderly population** in need of services and interventions to correct or diminish adverse effects
- **Individuals living with chronic and persistent mental illness** and who require assistance to attain or maintain an optimal level of health in addition to prevention of the mental health condition from occurring or deteriorating

Our long standing expertise in community based behavioral health treatment has led us here tonight to encourage support for the proposal in the Governor’s Department of Social Services budget to provide resources to assist state agencies in examining various methodologies, including a section 1115 demonstration project, to develop and implement a plan to address gaps in the state’s treatment of substance use disorders. Based on 2017 Medicaid data, Connecticut Medicaid beneficiaries with an opioid use disorder (OUD) diagnosis exhibited co-occurring behavioral health and medical diagnoses at a rate of 2.8 times non-OUD beneficiaries. Given that New England Home Care’s psychiatric nurses provide daily treatment to this population, we have been keenly aware of the complexities the State of Connecticut faces in its pursuit of opioid treatment models that maximally benefit citizens in need of addiction treatment supports, and best leverages the existing Medicaid services infrastructure. Therefore, we believe the infrastructure and care coordination capabilities associated with a behavioral home health company can make for an effective and cost conscious partner for the State of Connecticut in its effort to design and deploy an opioid treatment solution.
New England Home Care is pleased to see that the Governor has recognized the continued need to address the ongoing substance use disorder crisis, and we hope to be a partner in the implementation of such a plan moving forward. In fact, New England Home Care has developed a model which envisions a pathway for partnership with state and its behavioral health ASO, to address the hardest to serve OUD afflicted beneficiaries and expand supervised Medication Assisted Treatment (MAT) into the community. This proposal would enable New England Home Care to use our existing infrastructure of psychiatric nurses in the communities most impacted by the opioid crisis, to provide skilled MAT therapy along with Intensive Case Management, from the moment an individual presents in the Emergency Department (ED) having experienced an overdose. The model as proposed provides screening for and connectivity to the “wrap around” services required to address the many social determinant issues (Housing, food security, ancillary health services access, transportation, etc) that, when coupled with the transient nature of this particular OUD beneficiary population, makes lasting addiction abatement particularly challenging. We propose a collaborative effort to bring the required clinical, social service and pharmacological assistance to the beneficiary, wherever they are and wherever they migrate throughout our communities, to ensure connectivity to the community resources and consistent application of MAT principles required to break their cycle of opioid addiction.

There are a few avenues the state could take to pursue a substance use disorder treatment demonstration program. Should our home and community based opioid treatment intervention be deployed using Connecticut’s traditional FMAP ratio, and an additional 305 days of buprenorphine prescription applied, Connecticut’s general revenue cost per beneficiary is $2,803.96. Based on the same, Connecticut’s initial year general revenue savings is $2,890.50 per beneficiary achieving OUD abatement and on-going annual general revenue savings in subsequent years is $5,695.5 per beneficiary achieving OUD abatement. This is in addition to the consequential economic and societal benefits associated with these Connecticut residents taking their lives back and rejoining their families and communities as productive citizens that are not accounted for in this proposal.

Governor Lamont’s executive budget allocated $6MM to providing MAT therapy in prisons and $500K to be used by DSS to explore viable OUD/SUD treatment models. Additionally the executive budget included $3.45MM of funding to the Department of Housing to be used for housing supports for Medicaid beneficiaries with annual Medicaid costs exceeding $40K annually. We at New England Homecare would like to respectfully request the legislature to consider allocating some of each of these proposed monies to fund a “high risk, high need” demonstration focused on delivering a community based opioid treatment program to opioid addicted Connecticut residents who are concomitantly homeless.
Our nurses have built relationships with community providers and physicians which we are ready to leverage to enable coordinated MAT treatment in the community. Everyone would prefer to be cared for at home rather than in a residential facility, however maintaining treatment and sticking to the principles of recovery can be uniquely challenging in a home environment, where factors which may trigger disordered behavior are omnipresent. As New England Home Care’s psychiatric nurses have been well trained over the years in the Beacon Health Options principles of recovery, through the CT Behavioral Health Partnership, we believe we are well positioned to apply such principles to intensive substance use disorder treatment in the community. We urge the legislature support allocating resources to enable development of the home based OLD treatment model I’ve outlined today.

Additionally, New England Home Care believes Connecticut’s Medicaid system is one of the best in the nation, and when traveling the country in my new position as President of Behavioral Health, it has become very apparent that the state and the legislature prioritize the needs of the less fortunate. As a significant Medicaid provider in this state, I thank you, and the Administration, for this important work. I would be remiss however if I did not in that vein request that you continue support for the social services system by shoring up the rates for the long term services and supports system (LTSS) across the continuum. As CT’s population ages, and in accordance with the goals of the Money Follows the Person rebalancing plan, it is imperative that treatment providers are adequately reimbursed to support the need at each stage of the aging process. Specifically, while we appreciate that some LTSS providers were given a 2% rate increase last year, which has been annualized in the biennial budget proposal before you, we must point out that traditional Medicaid fee-for-service (FFS) home health care providers were NOT afforded such an increase. As we look to the future of aging services, home health care providers are critical to:

- Achieving the State’s Long Term Care goals of Aging in Place,
- Rebalancing through the Money Follows the Person (MFP) Program, and
- Managing the state’s 5,000 mental health and psychiatric patients that were transferred out of mental health hospitals over a decade ago and are residing in Connecticut communities.

Therefore, we respectfully urge the legislature and the Governor’s office to support the safety net of community based care and provide resources to enable FFS home health providers to also benefit from a Medicaid rate increase.

Thank you for your time and attention to this matter. I am happy to answer any questions.