CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME℠

TESTIMONY

Submitted by Tracy Wodatch, President and CEO
The Connecticut Association for Healthcare at Home

H.B. No. 5040 AN ACT CONCERNING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES
March 1, 2022

Senator Moore, Representative Abercrombie and distinguished members of the Human Services Committee, my name is Tracy Wodatch, President and CEO of the Connecticut Association for Healthcare at Home. I am also an RN with nearly 40 years' experience.

The CT Association for Healthcare at Home is the united voice for our licensed home health and hospice agencies as well as several non-medical Homemaker-Companion Agencies. Together, our members provide services that foster cost-effective home care for Connecticut's Medicaid population in the setting they prefer most – their own homes.

I'm testifying before you today to ask for additional funding in the State Budget to stabilize and invest in the future of care at home in our ever-growing aging state. Our providers have a unique role in healthcare as they do not work in institutions. They go into people's homes **alone** not knowing what is behind the closed doors. They face multiple risks regularly including drugs, guns, abuse, neglect, and yes, COVID where many family members may choose not to mask up. Yet, in 2017, the add-on rates to help mitigate some of these risks were eliminated. In addition, in 2016, the home health Behavioral Health Medication Administration rate was cut by 15%!

The recent ARPA funding made available to both home health and non-medical home care is genuinely welcomed yet doesn't begin to make up for **15 years of flat funding** combined with the added COVID costs and inflationary impact. During the pandemic, our providers have lost up to 20% of their staff to hospital and nursing home providers who received added funding and were able to offer far more competitive wages.

Regarding complex care services for the medically fragile living in the community, last year's budget added a 1.7% increase for pediatric complex care and the ARPA funding added another 30% for the same age group. Adult complex care (same care, same nurses but age 19 and older) received up to 4.5% increase. This created a 27.2% gap in this vital level care. Why discriminate when a person turns 19 in the community yet still requires the same care as when they were 18?

The overall result of all these cuts, lack of adequate funding and disparities?...Greatly reduced staffing, resulting in fewer Medicaid cases served in the community, less to hire and retain staff and higher costs of care for the state…a vicious, unnecessary cycle.

Additionally, with the growing needs of the community, Home Health Social Workers serve a key role as they assist patients with community resources including Medicaid and waiver services, address mental health challenges, and support the psychosocial/emotional needs of those with serious illness. However, Medicaid does not pay for home health Social Work services.

Here are our specific asks:

- Consistent annual provider rate increases to account for COLA and inflation
- A 10.5% increase in the Behavioral Health Medication Administration rate
- A 27.2% increase in the Adult Complex Care rate to align with the 31.7% increase for Pediatric Complex Care
- Re-instate the Add-on rates taken away in 2017
- Develop a Home Health Social Work rate to address and support the Social Determinants of Health, which in turn, will help to keep people in the community

There is also a bill before your committee today, HB 5227 looking to create a community ombudsman program. While we support the concept of an Ombudsman Program, we urge the legislature to first invest in and stabilize the Home and Community-Based Providers Services before allocated dollars to create a new program.

Thank you!

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