

March 5<sup>th</sup>, 2020

Testimony to the Human Services Committee  
Regarding H.B. No. 5015 AN ACT CONCERNING THE GOVERNOR'S BUDGET  
RECOMMENDATIONS FOR HUMAN SERVICES.

To Senator Moore, Representative Abercrombie, and members of the Human Services Committee,

Thank you for permitting me to submit this testimony today. My name is Gloria Merritt RN MSN, VP of Clinical Integration and Development, Behavioral Home Health at Elara Caring.

While the bill before you does not explicitly address Medicaid home health care reimbursement rates, we wanted to take the opportunity as it relates to the Governor's proposals under the Department of Social Services to urge you to consider a rate increase for Medicaid funded skilled home health care providers as you engage in budget development discussions with your colleagues. Skilled home health providers such as Elara Caring, which many of you may remember as New England Home Care, represent a crucial piece of the continuum of long term services and supports. As for Elara Caring, we provide specialized home health services throughout the State of Connecticut for Medicaid members from young adulthood through old age. This includes both skilled care for the elderly population in need of rehabilitative services and individuals living with chronic and persistent mental illness.

It is our long standing expertise in community based behavioral health treatment that requires us to come before you each year to advocate for your consideration of higher reimbursement rates for these safety net services. For over twenty five years, we have provided community based psychiatric home health care to persons living with chronic mental illness, often discharged from facilities such as Connecticut Valley Hospital and other institutional settings statewide- including prisons, hospitals, and other residential psychiatric treatment centers. During this time, we have observed consistently increasing patient acuity, growth in the number of beneficiaries requiring our services and ever increasing difficulty recruiting and retaining the uniquely skilled clinicians required to meet these Connecticut resident's needs.

While we appreciate that Medicaid home health providers have not been cut in the Governor's proposed budget, we must draw attention to the fact that **Connecticut's skilled home health rates/ behavioral home health rates have increased less than 1% since 2004**. Additionally, the

medication administration rate was cut 17.5% in 2016. Turnover rates for behavioral home health clinicians in 2019 was 53%.

We in Connecticut are now at the point where this continued lack of investment in skilled home health services is undermining the consistent availability and capability of these critical services; and, as a result, Connecticut is seeing a diminished return on its consequential investments in expanding home and community based long term care services.

Notwithstanding Connecticut's multi-million-dollar investments in various long term care rebalancing strategies under its federal Money Follows the Person grant and increases to home and community based para professional long term care services, Connecticut still has a high incidence of people receiving long term care in nursing homes and the highest rate of admission to the hospital from the home and community based setting in the country.

Access to skilled home health/behavioral home health services is essential to reducing hospitalizations and avoidable facility placements for all patients and particularly for patients with severe mental health and co-morbid physical health diagnoses. Skilled home health services are specifically designed to cost effectively intervene clinically when a patient experiences a condition exacerbation that exceeds what can be treated by home and community based long term care (HCB/ LTC) provider staff. Through their availability at these critical junctures, skilled home health services increase patient's lengths of stay in the HCBS/ LTC setting by reducing re-admissions and avoiding downstream skilled nursing facility admission. The failure to adequately fund skilled home health services is diminishing the value Connecticut receives from its efforts to maintain long term care patients at home; and is directly contributing to Connecticut's high level of hospital admissions from the home and community setting and its avoidable utilization of skilled nursing facilities.

Ideally, to fully address the effects of rates that have gone underfunded for over a decade, and to ensure Connecticut is able to adequately support its stated goals to treat individuals at home rather than in institutions, we believe **it is necessary to increase the Medicaid rates for skilled home health providers by 4%**. By our numbers, this would cost approximately \$8 million dollars in FY21. We understand the state does not have a lot of room for additional funds, however, in several areas of the DSS and DMHAS budget proposals, as well as others, there is an acknowledgement that it is the desire to expand community based care availability. The longer the funding required to fulfill this goal remains unaddressed however, the more difficult it becomes to guarantee a quality provider network will remain. We know this committee well understands the cost avoidance Connecticut realizes through its investments in home and community based services. We hope you will now consider the importance of adequately funding skilled home health services, particularly given the integral role these services play in maximizing Connecticut's return on its HCBS investment.

Thank you for the opportunity to address the committee today.

Respectfully,

Gloria Merritt RN MSN, VP of Clinical Integration and Development, Behavioral Home Health  
Elara Caring.