



March 17, 2021

Senator Mary Daugherty Abrams Co-Chair
Representative Jonathan Steinberg Co-Chair
Public Health Committee
Legislative Office Building, Room 3000
Hartford, CT 06106

Honorable Public Health Committee Members-

Elara Caring is one of the Nation's largest providers of home and community based health services, providing home health, personal care, behavioral health, and hospice assistance for 60,000 beneficiaries daily in 16 states. In Connecticut, we provide behavioral home health services state-wide and have historically been known as New England Home Care.

Please accept this written testimony related to the March 17, 2021 hearing on Committee Bill 1- AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL, BEHAVIORAL AND PHYSICAL HEALTH CARE IN RESPONSE TO THE PANDEMIC. Specifically, we would like to offer testimony related to Sec. 13 of the bill; which reads as follows: *(NEW) (Effective from passage) Not later than January 1, 2022, the Commissioner of Public Health shall establish a pilot program that allows emergency medical services personnel, in coordination with community health workers, to conduct home visits for individuals who are at a high risk of being repeat users of emergency medical services to assist such individuals with managing chronic illnesses and adhering to medication plans.*

We would like to take the opportunity to point out to members of the Committee that this is exactly what Connecticut's behavioral home health providers do for the highest risk beneficiary in Connecticut Medicaid. This committee recognized the role of behavioral home health providers in 2019 when it commissioned a literature review to evaluate the role home health providers may play in community-based substance use disorder treatment. As this report was completed in the summer of 2020 and the pandemic resulted in other issues taking priority, we respectfully request the Committee consider revisiting the issue and recognizing the existing ability of psychiatric home health nurses in managing home and community based individuals experiencing a myriad of comorbid behavioral health and medical diagnoses. Most importantly, we respectfully ask the Committee to support investments in this existing workforce which provides the very services of interest in Section 13, but amidst drastically underfunded Medicaid rates. As skilled home health providers have not received a rate increase greater than 1% since 2007, we are urging the legislature to consider a 4% increase to ensure the sustainability of crucial behavioral health and medical home health services.

The availability of skilled home health services, in Connecticut and nationally, has made a significant contribution to permitting patients to avoid admission to and, where unavoidable, return home from the hospital quicker, while avoiding skilled nursing facility admissions for post-acute rehabilitation. Accordingly, skilled home health services have been very assistive in lessening the burden on health facilities during the pandemic and improving the safety of patient care and particularly for patients with significant health risks like those with co-occurrent mental health and chronic disease diagnosis.

The additional costs associated with providing health services during a pandemic, including those associated with protective health equipment, testing, enhanced care coordination and wages, all of which are continuing, when added to the broader inflation providers have experienced since the current skilled home health rate was established in Connecticut 14-years ago, is creating an untenable situation.

Connecticut has made significant investments in its personal care programs over the last several years. These programs are foundational to permitting Connecticut citizens who are aged or challenged by disability to live in their own homes. However, skilled home health services, which have not received these same rate considerations, are critical to maximizing the value of the State's personal care program investments; as it's the skilled home health provider that's called to intervene, intermittently, with the higher acuity care, that avoids the acute events that send personal care patients into hospitals and skilled nursing facilities. These patient's success is dependent on the viability of the continuum of care; and Connecticut's decision not to address rates for skilled home health services for 14-years is consequentially challenging that viability.

In closing, I respectfully request the members of this committee consider the importance of skilled home health as part of Connecticut Medicaid's continuum of care and recommend an investment in existing, chronically underfunded, home health services prior to establishing new programs.

Respectfully,

Cale Bradford, Chief Government Relations Officer
Elara Caring

