



Testimony
Appropriations Committee
Human Services Budget
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Submitted by Janine Fay, President/CEO VNA Community Healthcare & Hospice

Sen. Osten, Rep. Walker, Sen. Kushner, Rep. Abercrombie and distinguished members of the Appropriations Human Services Subcommittee. I am CEO of VNA Community Healthcare & Hospice, a licensed and Medicare certified home health agency serving New Haven and Middlesex Counties. We serve hundreds of Medicaid patients a year and as you know, providing healthcare in the home is the most cost effective approach to care and more importantly it is the place individuals prefer to be.

We could all swap stories of what a year this has been and I know we are all seeking an end to this pandemic. We have tolerated enormous change and uncertainty, yet with all the changes there has been a constant issue plaguing our industry. That is the lack of funding for home healthcare. This constant has gone on for well over a decade and simply cannot continue!

The demand for services will continue to increase as an aging society is living with more chronic illnesses. The pandemic has only added to the desire of families to keep their loved ones at home and not in institutions. The result is expectations of healthcare in the home continue to be on the rise.

Home health agencies care for a large number of medically complex patients who often have little resources or support to manage their health needs. If there is a family caregiver, the real unsung hero, they are struggling to manage care that requires specialized knowledge and skill. The role of our home health staff in these situations is more critical than ever.

I thought I would share an example of just one patient and the level of care required in the home. This individual had a traumatic event that left her paralyzed. She needed physical therapy and occupational therapy in order to optimize her functional capabilities, home health aide to assist with bathing, and nursing to assess and teach regarding skin care, and bowel and bladder training. This individual had a minimal support system which deteriorated even further due to the stress over her high level of needs. She also was in between housing arrangements. Medical social work visits were needed but Medicaid does not cover so we had to render this service for free. All together we provided care for almost four months.

When analyzing this patient's Medicaid reimbursement against our costs, the Medicaid revenue fell short of our direct costs by several thousand dollars and obviously didn't cover any indirect expenses. The lack of funding for social work intervention is an added insult to already low reimbursement. This type of losing situation is why agencies decide to limit or outright decline Medicaid patients. While you may think most patients don't require that much assistance, we are finding the majority of patients do require multidisciplinary care.

A few years ago our financial losses were not sustainable so we made the difficult decision to limit the number of Medicaid patients we could help for the very reason reimbursement does not cover costs. It was the only fiscally responsible thing to do.

Home health services fall into several different areas of the Medicaid budget which hinders transparency. In the last few years small reimbursement increases have been given for services provided under the waivers such as the CT Homecare Program for Elders. However these same services such as nursing and home health aide when rendered to a non-waiver client is reimbursed less. At the very least we need to ensure parity by increasing the non-waiver home health rates to the current waiver rate which would be a 2.3% increase and then an additional 4% increase across the board this budget cycle. We are a cost savings vehicle for the State which should make this an obvious investment.

I believe we all have the same goal, to allow individuals and families to reach their optimal health status in the home setting. This requires access to the expertise of home healthcare. Our current status as a provider network can only be described as tenuous and fragile. This does not bode well for our ability to meet the needs of the Medicaid population now or in the future. Investment is necessary NOW.

I have repeatedly provided testimony regarding the inadequate funding for our industry and I will continue to do so until we see change. Each year I hope this will be the year, please don't disappoint me.

Thank you and if you have any questions you may contact me at jfay@vna-commh.org