

TESTIMONY

Submitted by Melissa Gordon, Executive Director of Clinical Optimization
Visiting Nurse & Health Services of Connecticut

Appropriation Committee – Human Services Budget
Public Hearing

March 3, 2021

Regarding the Governor's Budget for Human Services

Senator Osten, Representative Walker, Senator Kushner, Representative Abercrombie and distinguished members of the Appropriations Human Services SubCommittee, my name is Melissa Gordon and I am the Executive Director of Clinical Optimization for Visiting Nurse & Health Services of Connecticut located in Vernon, Connecticut.

Visiting Nurse & Health Services of Connecticut has been a home health and hospice agency for over 108 years covering 19 towns surrounding Vernon and currently servicing 500 patients daily. The agency provides skilled nursing care, therapy and hospice services and has been a participating Medicaid provider for decades. We are an agency that is proud to service our community!

However, in January 2019, a decision was made to no longer participate in the State's Medicaid waiver programs due to insufficient reimbursement. This was an extremely difficult decision for our agency leaders but the analysis showed that we were losing 30% on every Medicaid waiver patient. One huge consequence was that we had to lay off over 20 employees that provided direct care to 100 waiver patients. We are still managing the fallout from this change that occurred over 2 years ago!

Home-based care offers a tangible return on investment and is a SAVINGS vehicle for the State. According to the CT Dept. of Social Services (DSS) data, The CT Home Care for Elders (CHCPE) Program had saved over \$2.1 BILLION from 2006 to

2018 by keeping Medicaid clients' chronic conditions managed and individuals out of hospital emergency rooms and institutional facilities. (see attached flyer)

As you know, the waiver program provider rates have received two small increases over the past two years to assist agencies in supporting the mandated minimum wage mandates. The non-waiver home health services were not included in these increases and have only received a 1% increase since 2007! I urge this committee to align our home health rates with the waiver rates then implement consistent increases year on year to help us continue to serve the Medicaid population.

In closing, I also ask this committee to consider developing a rate for social work visits. This service is currently not reimbursable under Medicaid. The COVID pandemic has brought this vital need to the surface. Our home health providers have never had a reimbursable rate for Medicaid Social Work visits yet the need is greater now than ever. Assessing a client's Social Determinants of Health (SDoH) is best done in the client's home, not in an office.

I have submitted two slides along with my testimony to support the current need for rates to be addressed.

Thank you for the opportunity to provide testimony. Feel free to contact me with any questions.

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