



Testimony to the Appropriations Committee
Regarding the Governor's Budget

H.B. No. 6439 *AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2023, AND MAKING APPROPRIATIONS THEREFOR, Specific to the Department of Social Services*

To Senator Osten, Representative Walker, and members of the Appropriations Committee, thank you for the opportunity to submit comment today. My name is Gloria Merritt and I have been a behavioral health nurse with Elara Caring (formally New England Home Care) for 20-years. Prior to this role, I worked in the substance abuse treatment community for more than a decade. During my time in these roles, I've come to see that behavioral home care providers are uniquely capable of serving as the coordinative focal point of effective treatment partnerships for patients with a substance use disorder or opioid use disorder (SUD/OD) diagnosis. In behavioral home health, we serve as the facilitator of the relationship between patient, physician, and often family members as we perform the healthcare treatments to best meet the patient's desired recovery and life goals. Home health is, if you will, the hands on, field based partner, that meets patients where they are, delivers healthcare treatments, and connects with related community providers as required to best assist our mutual patient's progress.

As we saw increasingly co-occurrent mental health and SUD in the individuals we serve, Elara Caring developed a Home Care Recovery Program to compliment and enhance the Principles of Recovery and to be used in collaboration with Outpatient Community Providers. Specifically, we are partnering with community providers to assist with SUD/OD wrap around treatment when a client with a primary psychiatric diagnosis experiences co-occurring SUD. We partner with Recovery Homes and IOP Programs, work to transition clients to the community from inpatient stays, and work in collaboration with clients in outpatient SUD Programs. Currently, we are working very closely with A New Beginning Recovery House in New Haven which also includes a Redemption House that provides stabilization when needed. In this work, we provide medication management, case management and stabilization to ensure clients stay on their path to recovery. We are also the Preferred Provider for Help, Inc. in Waterbury, Connecticut.

While we are incredibly proud of our work to enhance our behavioral health home care offerings in Connecticut, we believe we are at a critical juncture when it comes to inadequate rates of reimbursement for Medicaid funded home health providers. As our state continues the push to care for more individuals in the community, both behavioral health and those with medical and long term care needs, it is imperative the community based Medicaid infrastructure is recognized and financially supported. The behavioral health population in our care are individuals who many years ago would have been cared for in psychiatric institutions such as Norwich Hospital or Fairfield Hills. Currently, we often care for individuals who are discharged from CT Valley Hospital and Whiting Forensic Hospital. Deinstitutionalization allows individuals to live independently with a focus on recovery, and to help them

get there requires specialized, individualized care provided by trained psychiatric nurses. This is important work which must be supported through adequate funding. For this reason, Elara Caring joins its colleagues in the home health care sector to request a 4% increase in Medicaid funding for skilled home health agencies.

Skilled home health rates have been virtually level funded since 2007 with the exception of a 1% increase in 2015. Additionally, there was a significant cut of 14% made to the rate for medication administration. Of import to note, the patient population we care for in behavioral home health and which I've described herein is exactly the population of beneficiaries who rely on this service to remain in their homes and community.

Connecticut has been ahead of the curve with respect to its utilization of behavioral home care, and we commend the State for its excellent work in opening the door to many who but for its efforts could not live at home. To ensure this trend continues, we urge you to support rates of reimbursement that properly recognize the important role of home health providers in supporting the State's goal to permit Connecticut residents to live in their community rather than institutions.

Please know, whatever assistance we may be able to provide you in support of this request, we're happy too.

Respectfully,

Gloria Merritt, RN, MSN

VP BH Clinical Services, Elara Caring