



TESTIMONY

Submitted by Ann M. Olson, RN, BSN, MBA
Executive Director
Masonicare Home Health and Hospice

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 Ann Olson and I am the Executive Director for Masonicare Home Health and Hospice. It is my privilege to be speaking with you today on behalf of our organization.

Masonicare is the largest non-profit senior care continuum in CT and our Home Health and Hospice division is one of the largest Home Health and hospice agencies in CT. Masonicare has a census of almost 1500 home health and hospice clients, and we celebrated our 125th anniversary this year! Our organization is committed to providing care to all CT residents in need, regardless of their payor source or ability to pay. Our dedication to providing high quality, comprehensive homecare to Connecticut's most vulnerable, Medicaid population is well established and respected. Currently, our Medicaid patients represent twenty percent (20%) of our active daily census.

I have spoken to this committee numerous times, in previous home health leadership roles. Unfortunately, the story remains the same with my new role at Masonicare experiencing significant agency hardship due to the longstanding inadequate Medicaid reimbursement rates. Masonicare loses approximately \$66 on every nursing visit provided, \$98-\$140 on rehabilitation visits and \$30 on



home health aide services. Because social work interventions are critical, Masonicare has utilized private funds to cover social work services at a cost of \$15,000 in CY 2020. In total, Masonicare lost \$2,367,429 to care for our Medicaid population in CY 2020.

There are continued challenges and costs of providing necessary care for many of these residents who are living in high risk urban areas. With the ongoing industry regulatory and reimbursement changes and the EVV administrative costs of \$10,000 / year conservatively, Masonicare has been forced to limit the number of Medicaid patients that we admit to service.

Our commitment to high quality, cost effective outcomes continues. This includes recent efforts to further collaborate with the Intensive Care Management team at Community Health Network to keep our shared Medicaid patients out of the hospital. We recognize that balancing the State budget is challenging, but we respectfully request that you recognize this shortfall and recommend an increase to the home care Medicaid reimbursement rates. It is our fear that a failure to do so will result in more serious access issues for our Medicaid residents, causing potential and significant adverse consequences.

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

Ann Olson
Personal and Business Cell: 860-913-5900
aolson@masonicare.org