



TESTIMONY

Submitted by Christine Schmidlin, Human Resources Manager
Allumé Home Care

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 Christine Schmidlin, I am the Human Resources Manager for Allumé Home Care, a CT home health provider.

Allumé Home Care is a CT-licensed and Medicare-accredited home health provider serving 70+ towns with in-home nursing, physical therapy, occupational therapy, speech therapy, social work, and home health aide services. We specialize in **in-home complex nursing care of technology-dependent, medically fragile** children and adults with tracheostomies, ventilators, g- and j-feeding tubes, and other intensive at-home medical interventions.

I oversee recruiting, scheduling, and human resources at Allumé. I have been with Allumé for almost five years. Hiring enough nurses has always been our #1 challenge. We always have an extended waiting list of patients who would like to come home from the hospital, but unfortunately, due to our inability to hire enough nurses, it takes months or years to bring each patient home.

I am asking the Appropriations Committee to please increase extended care Medicaid Rates to increase access to in-home complex care nursing.

At Allumé, we currently serve **50 complex care patients** and **100 traditional home health** intermittent visit patients. We receive **85%+ patient funding through Medicaid**. Of the ~85 home health providers, only three providers still provide complex care services because the rates are so low.

Our #1 challenge: hiring nurses.



At any given time, there are 30+ complex care patients who are ready and waiting to come home from the hospital (Yale, Hospital for Special Care, Connecticut Children's Hospital, Blythedale, Boston Children's, etc.), but home health agencies like ours cannot bring them home because we don't have enough LPNs and RNs to staff each case.

- Each complex care patient requires a team of 2-5 nurses (LPNs and RNs) providing 8-23 hours/day of nursing care in 8-hour shifts.
- The care is overseen by an RN Clinical Care Manager (required by regulations but not reimbursed by Medicaid).
- To bring home a patient from the hospital, we need to hire 2-5 nurses
- Our recruiting funnel has dried up because **we cannot pay nurses competitive rates compared to other care settings**

As an example, our current LPN Extended Care Medicaid rate is \$38.01/hr.

- With costs of regulatory compliance and supervision of an LPN in the field, we can only offer LPNs **\$25-26/hr**.
- Pre-COVID, an LPN could go to other settings and make **\$30-35/hr**. We were already at a disadvantage competing for nurses, but we could still hire some.
- Now with COVID relief funding being directed into other care settings, LPNs are being offered **\$55-60/hr** - more than double what we can offer them and \$20+/hr more than the Medicaid reimbursement rate itself.

We simply cannot compete. Nurses are getting woo-ed away and we can't hire new nurses.

By increasing our Medicaid extended care rates to **\$44/hr for an LPN and **\$52 for an RN** we could make ourselves competitive in a post-COVID environment.**

While COVID funding continues to fuel other care settings, we need added support in the short-term to help us pay competitive wages. Increased unemployment benefits also disincentivize unemployed nurses to get back work. We need help encouraging them to get back into the field where they belong.

Please increase in home health Medicaid extended care rates for LPNs to at least \$44/hr and RNs to at least \$52/hr.

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



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