



2005 State Legislative & Regulatory Priorities

January 3, 2005

The Connecticut Association for Home Care is a statewide trade association with 100 members, 64 of which are licensed & Medicare-certified home health agencies. These agencies provide care for over 75,000 elderly and disabled Connecticut citizens.

The Association is an enthusiastic member of the Long Term Care Advisory Council and supports the Council's legislative priorities for 2005. We believe strongly that patients should be served in the least restrictive setting possible. Home and community-based care saves lives, as well as precious resources for patients and taxpayers alike.

Our four key priorities for 2005 are on the next page. We look forward to working with the legislature, the Governor, and the Departments of Public Health and Social Services to enact these priorities to keep home care as a viable and effective option for years to come.

If you have any questions or require further information, please do not hesitate to contact:

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**CT Association for Home Care
Key State Legislative & Regulatory Issues for 2005**

- **Home health care agencies need a permanent ongoing cost of living increase in their Medicaid rates, as well as additional “catch-up” increases targeted to home health aide services and hourly (shift) nursing.**

Medicaid home health agency rates were not adjusted for cost increases in SFY 2004-05. Agencies face workforce shortages & skyrocketing insurance costs, among other things. Home health agencies lose, on average, 20 cents on the dollar for every home health aide visit covered by Medicaid, and even more so for hourly nursing provided to persons with extensive nursing needs.

- **Use federal guidelines in Medicaid audit policies.**

The State should use federal Medicare guidelines for Medicaid audits, especially regarding: physician signatures on the plan of care, electronic means of documentation and limits on the use of extrapolation of audit samples.

- **Regulatory reform for nursing oversight of home health aide services in the Connecticut Home Care Program for Elders.**

*Existing state policies can have the effect of limiting access to nursing care for at risk patients who are receiving the services of a home health aide, but also require some skilled nursing oversight. At the same time, another State regulation needlessly drives up costs of caring for some chronically ill, but stable patients who need only minimal oversight by a nurse. **Regulatory changes need to be made to better align Medicaid coverage policy with patient needs.** The CT Home Care Program for Elders saved Medicaid \$64 million last year by keeping people in the community.*

- **Clarity, fairness and administrative streamlining for persons eligible for both the Medicare and Medicaid home health benefit.**

A five-year demonstration on streamlining paperwork and clarifying coverage criteria for agencies serving patients eligible for Medicare & Medicaid is scheduled to sunset on September 30, 2005. The demonstration has achieved its initial objective of streamlining paperwork, but it needs to be extended so that home health agencies, the State and federal governments can work collaboratively to resolve long-standing ambiguities about which program is responsible for coverage of a patient's custodial care needs.