

CONNECTICUT'S MOST VULNERABLE AT RISK

By Brian Ellsworth

Government's most basic responsibility is to take care of those who can't take care of themselves; it should not do any less.

In this era of reduced state revenues, Connecticut's leaders are being forced to make agonizing choices that are impacting everyone. But the most vulnerable members of our society cannot be allowed to slip through the cracks. It is not humane and it is not cost effective.

Recent reports about the impact of early retirements on the continued existence of state-run acute psychiatric hospitals [May 22, 2003, "Mental Health Facility at Risk"] highlight only some of the threat to the safety net for severely ill patients. Less known is the impact of budget cuts on home care and the threat that these cuts pose to Connecticut's strategy of successfully placing some mentally ill persons at home instead of institutions.

To date, specially trained psychiatric home care nurses have been very successful in ensuring that about 4,000 mentally ill patients covered by Medicaid continue to take their medications, which is a necessary part of ensuring that these folks can successfully remain in the community. However, a 39 percent rate cut implemented on May 1st will put these vital services to patients at risk and undermine the sensible trend towards community-based care.

Home care nurses are hardworking individuals and they are in short supply. The average salary for a registered nurse specializing in psychiatric home care was \$53,680 for a standard workweek in 2002. Due to the nursing shortage, increasing numbers of these nurses work more than a standard workweek, similar to nurses in hospitals, many police officers, etc. Home care's ability to flexibly respond to need is one its hallmarks.

Home care is not only the preferred alternative for patients, it is also cost effective for the taxpayer. The cost of home visits is consistently below the cost of the same type of care in an institution. Home care agencies are required to obtain permission from the Department of Social Services for all visits greater than twelve per month for Medicaid patients. This requirement is in addition to the periodic inspections and financial audits, home care agencies' own internal quality controls and adherence to guidelines developed within the profession.

While it is plain to see that our home care system has the necessary checks and balances, it is also clear that the system lacks adequate funding. Medicaid payments for home care have not been keeping up with costs and the recent reductions further erode the system.

Home care represents the best hope we have for improving lives, while saving money. During this challenging time, state lawmakers must not turn back the clock and lose sight of their most fundamental mission – taking care of those who can't take care of themselves.

(Brian D. Ellsworth is President & CEO of the CT Association for Home Care. CAHC represents 63 licensed home care agencies that provide services to more than 40,000 Connecticut residents.)