

March 20, 2009

Legislative Update

The Connecticut Association for Home Care & Hospice

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Dear Jennifer,

During the past week, the Connecticut Association for Home Care & Hospice and its members have been busy in Hartford, advocating for important home care and hospice issues such as equalizing Medicaid home health rates to Medicare per visit rates, proposing Medicaid billing for vaccinations, and seeking authorization for Medicaid coverage for telemonitoring. Below is a snapshot of bills relevant to CAHCH as well as samples of testimony.

Please let us know if you have any suggestions regarding the update. Suggestion or questions can be emailed to Jennifer Bernheim at bernheim@cahch.org.

Advocacy in Action

March 16

CAHCH testified before the Public Health Committee

Kim Skehan, Carolyn Reid, and Kim Nystrom testified regarding [H.B. 6678](#), An Act Concerning Revisions to Department of Public Health Licensing Statutes.

March 17

CAHCH testified before the Human Services Committee

Bill Sullivan, John Quinn, Michelle Ockenfels, Maura McQueeney, and Brian Ellsworth testified regarding [S.B. 1122](#), An Act Concerning Changes to the Human Services Statutes.

March 17

CAHCH testified before the Human Services Committee

Brian Ellsworth testified regarding [S.B. 1085](#), An Act Concerning Homemaker and Companion Agencies and Audits for Vendor Fraud.

SB 1122 Moves to the Floor

[S.B. 1122](#), An Act Concerning Changes to the Human Services Statutes, received a Joint Favorable recommendation from the Human Services Committee on Thursday, March 19 just hours before the committee deadline on a near party line vote. The Connecticut Association for Home Care & Hospice (CAHCH) is pleased that given the fiscal environment the bill made it out of the committee.

The bill will stay alive until further action, which means the bill could be referred back to the Appropriations Committee. In an effort to keep the bill alive, CAHCH will advise you on Monday, March 23 as to the next steps we will need you to take regarding advocacy efforts targeting the Appropriations Committee. Despite this success on [S.B. 1122](#), please be aware that there is **widespread concern** about declining tax revenue, including the possibility of requiring further cuts to those already being discussed. The Appropriations Committee budget may be released as early as next Thursday, April 2 so action will be needed **next week**.

Several members of CAHCH testified on Tuesday, March 17 in support of Sections one through five of [S.B. 1122](#), which included the text of CAHCH's key legislative proposals, focusing on an increase to Medicaid rates and providing Medicaid coverage for vaccinations and telemonitors.

CAHCH sincerely thanks **Bill Sullivan, John Quinn, Michelle Ockenfels, Maura McQueeney, and Joe Stango** for testifying. CAHCH also thanks **Ellen Rothberg, Brian Carney, and Kim Nystrom**. To view portions of their testimony, see below.

SB 1122 Testimony

Bill Sullivan, Chairman of the Board for CAHCH and President & CEO of Visiting Nurse Services of Connecticut, noted that the state lost in excess of \$30 million due to inadequate Medicaid rates last year. Bill also reassured legislators that his agency has taken prudent measures in an effort to balance their books and exercise fiscal management, yet the agency had to reduce its workforce by 16 staff, reduce the employer contribution for pension and health insurance funding, freeze executive level compensation, and consolidate offices. Upon conclusion of his testimony, Representative Michelle Cook and Representative Toni Walker asked a number of questions. To read his testimony, [click here](#).

When testifying, **John Quinn**, President & CEO of VNA Health Systems, was mindful of the burden facing the General Assembly because of his service of four terms as a representative, which included serving on the Human Services Committee and as Assistant Majority Leader as part of the leadership bill screening process. John feels that if Medicaid rates are not equalized and Medicare rates are decreased, then the VNA and other nonprofits may not be there to help keep health care costs lower by keeping patients in their homes and out of long term nursing home care. To read his testimony, [click here](#).

Michelle Ockenfels, Director of MidState VNA & Hospice echoed the sentiments of Bill & John. Michelle highlighted the value of preventative care provided at home, which is consumer preferred and cost effective. To read her testimony, [click here](#).

Testimony by **Maura McQueeney**, President of Masonicare Home Health and Hospice, highlighted the proposal for Medicaid coverage of telemonitoring (also proposed in Governor Rell's budget). Maura demonstrated how a telemonitor works, giving the legislators a first-hand look at the device. She noted that when targeted appropriately to patients with selected chronic illnesses, telemonitors can virtually eliminate avoidable hospitalizations and emergency room visits. To view her testimony, [click here](#).

CAHCH also thanks **Joe Stango**, Founder of Advocates for Medicaid Choice in Connecticut, for testifying in support of this bill. He strongly urged legislators to maintain their commitment to last year's reforms and highlighted the need to adequately fund home care in order to make those reforms work.

Written testimony was also provided by **Ellen Rothberg**, Chair of CAHCH's Government Relations & Reimbursement Committee and CEO of VNA HealthCare; **Brian Carney**, Director of Finance of the Danbury Visiting Nurse Association & member of the State of Connecticut Flu and Pneumococcal Coalition; and **Kim Nystrom**, President of New England Home Care. To view their testimony click on the respective name.

Personal Care Assistants

On Tuesday, March 17, Brian Ellsworth also testified before the Human Services Committee on [S.B. 1085](#), An Act Concerning Homemaker and Companion Agencies and Audits for Vendor Fraud. This bill was also sent to the floor with a Joint Favorable recommendation on Thursday, March 19.

Section one of this bill proposes a number of changes to limit the application of extrapolation in Department of Social Services' (DSS) audits. CAHCH's testimony commended DSS for its improvement on audits but recommended continued vigilance on the issue as the state budget deficit continues to rise. CAHCH also outlined its priorities for audit reform.

Section two of this bill would add Personal Care Assistants (PCAs) to the Connecticut Home Care Program for Elders as provided by homemaker-companion agencies. This bill also intends to offer PCA services through non-

licensed agencies in addition to the self-directed model community that is currently in place. Primary proponent Martin Acevedo of Companions & Homemakers also testified. To read CAHCH's full testimony, [click here](#).

There are two other bills that CAHCH would like to highlight regarding PCAs.

[S.B. 814](#), An Act Concerning Personal Care Assistance Services under the Connecticut Home Care Program for the Elderly, which permits PCAs if they are more cost effective than other services the patients would receive.

Substitute language, which was inserted at the behest of Office of Policy Management, reads "Personal care assistance services may be covered to the extent that (1) it is not available under the Medicaid state plan and the state funded and (2) such services are more cost effective than existing services covered under the Medicaid state plan.

The bill was passed out of Human Services on Tuesday, March 17 and sent to Human Services with a Joint Favorable recommendation.

[S.B. 6678](#), An Act Concerning Revisions to Department of Public Health Licensing Statutes, creates a statewide council for purposes of creating a bargaining unit to unionize PCAs. Testimony provided on March 16 by PCAs and their employers as well as consumers strongly opposed the bill, citing the independence of the model and need for flexibility. Those who oppose the bill feel that the union would get in the way of employer and PCA relationships. Notwithstanding these objections, the committee passed the bill out on a near party line vote.

Survey Frequency

On Monday, March 16, CAHCH testified on Section 16 of [S.B. 6678](#), which focuses on aligning the frequency of State of CT licensure inspections (currently every two years) with the Medicare certification surveys for home health agencies (currently every three years). CAHCH's Vice President of Clinical & Regulatory Services Kim Skehan, National Patient Care Administrator for VITAS Pat Tadel, and Administrator for Masonicare Partners Home Health Carolyn Reid testified on this bill.

Kim stated that this is a common sense proposal that will help both the State and home health agencies conserve resources while maintaining appropriate quality oversight. Additionally, CAHCH proposed support for a 2-year moratorium on licensure of new home health agencies in order to further free up Department of Public Health (DPH) resources. CAHCH provided proposed wording revision based on feedback from CAHCH's Policy Committee. To read the testimony, [click here](#).

Pat noted that this proposal will not decrease quality oversight, but instead align the survey processes to improve efficiencies for both DPH and provider agencies. To read Pat's testimony, [click here](#).

Carolyn's testimony echoed that of Kim and Pat. Carolyn highlighted that this process is a way for the state to save money by decreasing the redundancy in survey process. To read her testimony, [click here](#).

Governor's Budget Bill

Interestingly the Human Services Committee voted out the Governor's Human Services budget implementer bill ([S.B. 843](#)), which contains the Governor's budget recommendations. The committee amended the bill with Joint Favorable substitute language. Although the committee did not accept a number of the Governor's recommendation, they did retain several of the larger cuts including those affecting nursing homes and residential care homes.

It appears that the Residential Care Home mandate to allow medication administration by unlicensed assistive personnel has been deleted. Although this

is welcome news, this issue is likely to resurface in the Appropriations Committee budget. CAHCH will continue to advocate against the adoption of this ill-advised mandate.

The Human Services Committee extended the delay in the funding of the Long Term Care Reinvestment Account by two years.

This bill was placed on the consent agenda by unanimous agreement. In a signal of bi-partisan understanding of the need to make significant cuts in the budget.

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