



## **Missouri Alliance for HOME CARE**

2420 Hyde Park, Suite A, Jefferson City, MO 65109-4731 ▪ (573) 634-7772 ▪ (573) 634-4374 Fax

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### **American Rescue Plan Act of 2021 to Enhance, Expand, and Strengthen Home and Community Based Services under the Medicaid Program**

In Missouri there are over 71,000 home care workers delivering high-quality, cost-effective Medicaid HCBS services to seniors and individuals with disabilities. <sup>1</sup>

Throughout the COVID-19 pandemic, home care workers continue to reduce the risk of COVID-19 infection by providing essential health sustaining long-term services and supports to at-risk Americans **safely in their homes.**

Home care workers in Missouri are predominately female (87%), 34% are people of color, and 28% are over the age of 55. Sixty percent live in low-income households. <sup>2</sup>

To comply with the requirement to supplement and not supplant existing state funds for HCBS, please accept the following comments from the Missouri Alliance for Home Care (MAHC) in regard to Missouri's Spend Plan: Increased Federal Medical Assistance Percentage (FMAP).

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#### **Ongoing Funding Needs**

Workforce issues continue to be the biggest issue facing home care providers today. Inadequate and unstable reimbursement rates only add to the workforce crisis as providers are not able to offer competitive wages. While we are thankful for the funding already appropriated (FY22) to begin the process of stabilizing certain home care provider rates, we remain concerned that the use of one-time funds will not achieve the final goal or sustain adequate provider rates unless the state can continue the funding past the enhanced FMAP period.

The recent market-based rate increases did not reflect the minimum wage mandates implemented yearly since 2019. The full impact of these minimum wage increases **MUST** be included, and remaining rate increases be implemented to address and achieve workforce stabilization. The annual cost should become a part of the DHSS and MO HealthNet's annual budget once ARPA funds are exhausted.

- In accordance with recommendations received from the most recent Mercer HCBS rate study, implement the remaining rate increases recommended in the report.
- Ensure Medicaid Home Health rates are included in rate stabilization efforts. Inadequate reimbursement for home health services has resulted in access to care issues by discouraging providers from participating in the program and forcing some agencies to limit acceptance of Medicaid patients.

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<sup>1</sup> PHI, Workforce Data Center, Direct Care Worker Employment, 2009 to 2019

<sup>2</sup> Ibid

- Further develop existing monitoring tools to analyze and ensure compliance with adequate rate requirements including minimum wage.
- Continued on-going stabilization payment rate increases while DHSS/MO HealthNet research, develop and finalize new methodologies that may be used as the basis of future rates (example: value-based purchasing).

Enhanced FMAP funds would provide financial support to providers for engaging in the HCBS/Home Health programs including training and onboarding of clinical staff, creating program policies and procedures and establishing operational infrastructure and processes.

### **Strengthen the HCBS/Home Health Workforce Through Temporary Funding**

Home care providers continue to struggle, and especially during the COVID-19 public health emergency, to hire and maintain staff. This includes licensed nurses, certified nurse aides, home health aides, and personal care aides, all of whom contribute to the provisions of home health and HCBS services.

ARPA funds should be utilized to provide fiscal incentives to support recruiting and retaining direct care workers and increase direct care workforce capacity through incentive-based payments and partnerships with community-based organizations. Targeted financial support to HCBS/Home Health providers could be issued as temporary rate increases, or as a one-time stabilization payment or over multiple payments to limit the impact providers would face once funds have been exhausted. Due to the diversity, location and various needs across the home care industry, home care providers should be allowed to use/invest this specialized funding in a myriad of different ways that would promote the development of their specific community need and workforce. Examples include but not limited to:

- signing and retention bonuses
- hazard pay
- salary/wage increases
- overtime pay
- sick/family leave to maintain appropriate staffing levels and recognize pandemic hazards and hardships
- pay down nursing school student loan debt
- establish shift differential salaries
- establish/enhance benefits
- other employment and hiring incentives

In light of the negative impact of COVID-19 in congregate healthcare settings, and the expected and continued growth in the home and community-based services industry, these funds will assist in protecting and maintaining HCBS services. Therefore, we would advocate for the acceleration of receiving any enhanced rate/one-time lump funding be available within three months of the 2022 state legislative session as the accelerated funding would provide HCBS providers with more immediate (rescue) funds to recruit and retain necessary staffing levels to meet the growing demand of HCBS services.

## **Fund Necessary Therapy (PT, OT, SP) Services in the Medicaid Home Health Program to Ensure Access to Needed Services**

Currently, therapies for the aged, blind and disabled are NOT funded for Medicaid home health. Needed therapies can only be received during a hospital stay or in a nursing home which alone increases the cost to the Medicaid program. The COVID-19 pandemic has brought this issue to the forefront as nursing homes continue to battle outbreaks and close their doors to new admissions, resulting in patients having even more limited access to therapy services and are at higher risk for hospital readmissions.

- Restore and establish adequate funding for therapies in the Medicaid Home Health program and use as a pilot program. The state will establish a data collection process to determine any cost savings between therapy received in the home versus nursing home placement.

## **Develop Initiatives to Enhance Support for Direct Care Workers by Investing in Training Programs and Curriculum to Enhance Direct Care Worker Skills and Development**

Training is a major expense especially with the excessive turnover rates in the home care field and the unique needs of our medically complex population in Private Duty Nursing services. Low retention, high turnover and vacancies pose significant challenges among frontline jobs in the home care industry. These negative trends can affect the quality of care for clients and patients. There is increasing evidence of the link between a quality workforce and quality outcomes.

- **Support and invest in the ongoing development of the Missouri Alliance for Home Care's career ladder aide training initiative for the home care frontline workforce – Missouri Aide Career Enhancement System (MoACES).**

The primary goal of MoACES is to enhance the quality and outcomes of home care while simultaneously addressing the dual problems of recruiting and retaining a direct care workforce.

Home care providers spend an exorbitant amount of money and resources training their workforce only to have them leave for higher paying jobs.

Opportunities for career advancement are important in creating better direct care jobs. Career ladders help establish a "culture of learning" and generate enthusiasm for education and can make an organization more attractive to potential new employees.

MAHC has been developing a statewide integrated and comprehensive training program for home care aides that will enhance direct-care worker recruitment and retention to meet the care needs of Missouri's aging population. This program, which is still in development, will provide the homecare aide with marketable skills and verification of having achieved a standard of training to carry to the next job reducing the number of hours home care employers must train a newly hired MOACES aide. These measures will provide positive long-range outcomes for the patients/clients who are served in their homes, the direct-care workers who care for them, and for the hundreds of home care agencies in Missouri that are committed to excellence in quality of care.

We would advocate that the state not re-invent the wheel developing a home care aide training program, but partner with MAHC to enhance and finalize this innovative training program. *(Specific details of this training can be made available upon further request).*

- **Allow home care agency direct care workers to use the MOACES training and on-the-job-training to challenge the Certified Nurse Assistant (CNA) exam**

COVID provided all of us an opportunity to determine both strengths and weaknesses in our access to and delivery of healthcare services. One issue that became very clear was the need to expand aide training opportunities outside of the current facility-based settings. Throughout the COVID-19 pandemic, home care workers continue to reduce the risk of COVID-19 infection by providing essential health sustaining long-term services and supports to at-risk Missourians safely in their homes (*the safest and most cost-effective location for people who don't need acute support*). Our home health and home care agencies are able to care for patients with chronic illnesses or post-acute challenges, some who are well enough to be discharged from in-patient care but still require close monitoring and ongoing care to those that qualify for nursing home eligibility. These services help to avoid and/or reduce rehospitalizations, which only exacerbates the pressure on the system.

In looking at ways to address the current homecare workforce crisis, the Missouri Alliance for Home Care (MAHC) is very interested in working with the Department of Health & Senior Services (DHSS) to create a consistent opportunity for experienced and similarly trained caregivers to challenge the CNA exam. As stated earlier, MAHC has been working on a statewide integrated and comprehensive training program for home care aides that will enhance direct-care worker recruitment and retention to meet the care needs of Missouri's aging population. This program, which is still in development, is referred to as MOACES (Missouri Aide Career Enhancement System).

We feel that MOACES will form a solid foundation on which to build a competent and stable homecare workforce. By allowing home care agencies to use the MOACES training and on-the-job-training to challenge the CNA exam would provide another opportunity to gain a motivated and skilled workforce and in turn, provide better care for clients/patients. It will also allow agencies to offer employees a chance to join a community that offers the tools they need to grow professionally and personally. In return, they take their work more seriously. This investment in education and professional development pays off with a more stable and competent workforce capable of providing the high-quality services demanded by consumers in a rapidly changing marketplace.

### **Strengthen the Private Duty Nursing (PDN) Workforce Through Standardized Nurse Training on the Unique Needs of the Medically Complex Population and Funding for Alternative Resources**

The primary challenge of the pediatric home health care crisis is to develop a trained and adequately compensated workforce to meet the needs of children and their families. Medically fragile and complex patients require targeted and specialized training. The lack of this training adds to the PDN workforce challenges resulting in delayed discharge from hospitals.

- Develop more formal collaborations between children's hospitals, academic institutions, home health and PDN agencies, and nursing education programs to create a robust pool of nurses in pediatric home health care.
- Ensure funding for PDN nurses is competitive with other healthcare sectors
- Advance PDN services through telehealth

### **Support HCBS Providers Access to Technology**

- Invest in internal system improvements, including improved outreach and education to home and community services providers
- Make funds or grants available for provider administrative costs related to additional EVV system requirements and the roll out of the aggregator system that is requiring system upgrades to current software or purchasing EMR and billing software that is connected to an EVV system.
- Data collection efforts showing the value of home care. Establish a means of showing reduction in costlier services
- Support provider access to technology through funding
- Build or enhance electronic/remote systems, procedures, infrastructure so less touchpoints can be made.
  - An example would be remote training. Providers learned during COVID their training did not have to be restricted to a classroom or on set dates to onboard caregivers and clinical staff. Providers had to think outside the box not only due to COVID, but also to obtain and retain employees. Providers need the tools and technology to provide training options. MoACES would be one of those tools.
- Sync up state systems in order to share data across all systems easier and faster
- Investments in systems that provide better overall health monitoring for home care patients and clients (telehealth initiatives)

### **Support Home Care Providers with Additional Funding/Resources for COVID Related Mandates/Issues**

- Proper and Adequate PPE and Testing Supplies
- Provide additional funds to providers to support the cost of the new Federal Requirements of OSHA ETS and the cost to implement this requirement

### **Provide Scholarships or Partner with the Home Care Research and Education Foundation to Provide Scholarships for Those Currently Employed by a HCBS Provider to Further Advance a Home Care Career in Nursing/Therapy**

As an example, below is the Home Care Research and Education Foundation's program

Who is eligible to apply?

- Any home care worker who:
- Is currently employed by a member agency of Missouri Alliance for Home Care
- Has worked actively in homecare for a minimum of one year
- Desires to pursue or further advance a home care career in nursing or in therapy
- Examples include but are not limited to:
- Aide to LPN, PTA, OTA
- LPN to RN
- RN to BSN
- BSN to MSN
- PTA or OTA to PT or OT

- PT or OT to Doctorate
- Can show acceptance by or current enrollment in a school of nursing or therapy program
- Is nominated for the scholarship by the administrator or executive officer of his/her employing agency

### **Establish Pilot Programs and Implement Immediate Regulation Changes to Develop Paths to Address the Workforce Crisis of Nurses and Caregivers**

Per visit nurse rates are inadequate to recruit and retain nurses and for HCBS providers to comply with current appropriate regulations. The state must start looking outside the box for options to address these types of regulations due to the nursing shortage. Examples include:

- Ability for Medication Technicians to set up medication in the home under the HCBS program in certain settings under the supervision of the RN (similar to group homes under DMH)
- Allowing Graduate Nurses to work in HCBS
- Waiving the timeframe a caregiver can become an APC aide

### **Enhanced Care Coordination**

Many home care DHSS participants have mental health diagnosis. Additional funds would be helpful for providers to:

- Develop additional trainings and educate their caregivers on proper care of these participants
- Provide case management when participant does not have a mental health case worker or refuses a mental health case worker
- Enhance coordination of care to prevent rehospitalization