

## **FY2018 Governor Recommended Budget and House Proposed Budget**

### **Home Care Providers**

### **Advocacy Call to Action and Resources**

Legislators have major influence over services and supports for our elderly and people with disabilities, through funding and policy decisions. The job of legislators is to respond to the needs of their constituents – that means you! It is important that legislators know that someone is paying attention to the issue of reduced funding and services for the elderly and disabled. Therefore, it is important that strong voices are heard.

It is important to know that most legislators will only pay attention to an issue if they are hearing about it from their constituents. Therefore, it is absolutely critical that our Missouri legislators hear from you today.

#### **Governor's Proposed Budget**

The Governor's recommended budget cuts will have a devastating impact on Home Care providers, especially Home and Community Based providers. The most significant of the cuts is the requirement that the elderly and disabled must meet a higher point count on the assessment tool. By increasing the number from 21 to 27 those scoring under 27 will no longer be eligible for In-Home or Consumer Directed Services.

Increasing the point count will not save the state money but only shift the need to higher cost services (*example: will see an increase in Emergency Room visits, hospital stays and hospital readmissions*).

The Governor's budget further cuts home care providers with a 3% reduction in all provider rates and a reduction of service caps in the CDS program. Not only does this equate to a drastic reduction in services for many elderly and disabled citizens, it could have potential impacts on your business.

**Note:** *On February 23rd, Governor Greitens announced that he is amending his budget to restore \$41 million in funding to Home and Community Based Services by using a portion of the tobacco settlement money. The Governor's amendment would only remove the cut that increased the eligibility point level to 27.*

#### **House Proposed Budget**

The Missouri House has completed their work on next fiscal year's budget and has officially sent their \$27.8 billion version to the Senate. The House's version of the budget includes:

- HCBS funding for 21 point count (Governor's recommendation was 27) – **Note:** *the House rejected the Governor's amendment of using the tobacco settlement money to restore funding to HCBS. Through HCB3, the House's version of the budget fully funds the point count cut and partially restores all provider rates by 1.5%.*
- Provider rate cut of 1.5% (Governor's recommendation was 3%)
- 60% cost cap in CDS program (same as Governor's recommendation)

The budget proposals have dealt a devastating blow to our elderly and disabled. These recommendations increased level of care eligibility scoring requirements, put a 60% cost cap in the CDS program and cut 1.5% - 3% of funding from all Home Care providers across the state (*this includes Home Health, Hospice, HCBS and Private Duty Nursing*). While the eligibility requirements have been temporarily restored both in the Governor's and the House budgets, the budget still cuts funding of payment for services (provider rates) and still leaves in place a 60% cost cap in the CDS program. These cuts will create access issues for seniors and the disabled. The Senate can restore these cuts which will ensure our seniors, those with disabilities and others can access care in their home. The reduced funding level could force home care providers to lay off staff, limit services offered and/or ultimately close resulting in limited access for those needing services. The 60% cost cap in the CDS program will leave some elderly and disabled consumers with no option but to go to a nursing home while others will be forced to go without services resulting in declining health outcomes, increased ER visits and hospitalizations.

Please join us in our advocacy efforts by contacting your Senator today to ask them to restore the funding for home care services. Also, please have your staff, your clients/consumers and their families contact respective Senators to voice their concerns on how these cuts will impact them.

We have provided updated resources to help in your advocacy efforts:

- Quick Guide for Communicating with Elected Officials (*attached separately*)
- Sample Client/Consumer Telephone Script
- Sample Provider Telephone Script
- Sample Employee Telephone Script
- Sample email/letter (*can be tailored for client/consumer; provider agency; staff; family*)
- Face-to-Face meeting and video tips
- Sample Media Release Form
- Talking Points and examples
- CDS 101 - info sheet to help educate legislators on the program

## Sample Client/Consumer Telephone Script

**Caller:** Hello, my name is \_\_\_\_\_ and I am a constituent of (Representative \_\_\_\_\_ /Senator \_\_\_\_\_), and I am calling to voice my concern over the proposed budget cuts to the elderly and disabled.

I currently receive \_\_\_\_\_ (In-Home or Consumer Directed Services) and my score is # \_\_\_\_\_. I need assistance with: \_\_\_\_\_

- (bathing, toileting, personal hygiene, preparing meals, dressing, mobility, housekeeping, medication set-ups, nail care, etc.)

Then, in your own words, tell your story of how you will be affected if you lost your services. Tell them the struggles you face daily and how your current services help you remain in your home and independent. If applicable, explain how the cost cap in the CDS program will affect you – for example, will you have to choose between getting a bath or eating?; between receiving assistance getting in and out of bed or assistance preparing meals and/or grocery shopping?

*(If you do not get to speak directly with your Representative or Senator, some individuals may want to let them know you plan to follow up on this issue). For example:*

**Caller:** I am interested in the Representative's/Senator's position on these cuts and would like to hear back about it. My phone number is \_\_\_\_\_

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### • Tips when phoning your legislators:

- \* Introduce yourself
- \* Think about what you want to say (have list of talking points)
- \* Refer to issue you are calling about
- \* Don't ramble in your conversation
- \* Don't forget to ask for their position on the issue

## Sample Provider Telephone Script

**Caller:** Hello, my name is \_\_\_\_\_ and I am a constituent of (Representative \_\_\_\_\_ /Senator \_\_\_\_\_). I also (am a business owner or/ work as a provider of home care services) and I am calling to voice my concern over the proposed budget cuts to the elderly and disabled and cuts to home care providers.

Then, in your own words, tell your story of how you, your business, your staff and your clients/consumers/patients will be affected by these cuts. Give them the data on how many of your consumers/clients/patients will be losing service, what that means for those individuals and the consequences. For HCBS providers, explain also how the reduction of services, both with the point count and cost cap reduction (*if CDS*) along with the rate cut will affect your business (*Will you have to close? Will you have to lay off staff?, etc.*)

For Home Health, Hospice and Private Duty Nursing providers explain how the rate cut will affect your business (*Will you have to close? Will you have to lay off staff?, etc.*) and how it will also affect your ability to continue to provide adequate services.

Remind them that home care is the most efficient, cost effective care for our most vulnerable populations. Data shows that on average, one months' worth of HCBS costs less than 1 day in the hospital. (*average cost per day/per person in hospital = \$2,000; average cost per month/per person of HCBS - \$1,139*). By keeping these people out of the hospital, we are saving the Medicaid program and taxpayers money. Without these services, hospitals will see increased Emergency Room visits and hospital stays.

(For HCBS providers) With over 26% of the current HCBS recipients (16,000 of the 60,000) loosing services I encourage you to look at the effect this could have on your constituents, their families, the businesses in our community, including the one I work for and our staff.

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## Sample Employee Telephone Script

**Caller:** Hello, my name is \_\_\_\_\_ and I am a constituent of (Representative \_\_\_\_\_ /Senator \_\_\_\_\_), and I am calling to voice my concern over the proposed budget cuts to the elderly and disabled.

I currently am employed by \_\_\_\_\_ (company name) and I provide in-home care for many of your constituents.

(Pick one or two clients/consumers that you care for and explain) I am concerned that if \_\_\_\_\_ (*just say either first name only or Ms. A or Mr. B – do not disclose identifying information*) don't receive the care I provide they more than likely will end up in a nursing home, hospital or worse. (*Give a little information on what services you provide and how these services help them remain independent in their home.*)

*(If you do not get to speak directly with your Representative or Senator, some individuals may want to let them know you plan to follow up on this issue). For example:*

**Caller:** I am interested in the Representative's/Senator's position on these cuts and would like to hear back about it. My phone number is \_\_\_\_\_

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## Sample Family Telephone Script

**Caller:** Hello, my name is \_\_\_\_\_ and I am a constituent of (Representative \_\_\_\_\_ /Senator \_\_\_\_\_), and I am calling to voice my concern over the proposed budget cuts to the elderly and disabled.

My \_\_\_\_\_ (mother, father, son, daughter, etc.) currently receives home care services from \_\_\_\_\_ (Home Care provider company name). I am deeply concerned for the well-being and safety of my \_\_\_\_\_ if they were to lose their services.

Then, in your own words, tell your story of how your loved one will be affected by these cuts. Tell them the struggles they face daily and how their current services help them remain in their home and independent. If applicable, explain that without these services they will have no choice but to go into a nursing home.

*(If you do not get to speak directly with your Representative or Senator, some individuals may want to let them know you plan to follow up on this issue). For example:*

**Caller:** I am interested in the Representative's/Senator's position on these cuts and would like to hear back about it. My phone number is \_\_\_\_\_

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### Tips when phoning your legislators:

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## Sample Letter or Email

(Month, Day, Year)

The Honorable (First Name) (Last Name)  
House of Representatives (or MO State Senate)  
201 West Capitol Avenue  
Room \_\_\_\_\_  
Jefferson City MO 65101

Dear (Representative/Senator) (Last Name):

My name is \_\_\_\_\_ and I am a (home care provider, client/consumer, family member, community member) who resides in your district.

I am writing to voice my concern over the proposed budget cuts to the elderly and disabled and to the providers of home care services.

*(Include data and/or a personal story here. Tell your representative or senator why the issue is important to you and how it affects you, your family member, your community, etc.)*

Please do not allow these cuts to take place and jeopardize the health and lives of so many of our elderly and disabled and others benefiting from home care services. I am very interested in hearing your position on these cuts and would like to hear back about it. My address/email is: \_\_\_\_\_ (insert mailing address or email address).

Sincerely,

SIGN YOUR NAME

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- **Tips when writing your letter:**

- \* Identify who you are
- \* Address letter appropriately
- \* Keep it SSS (Short, Sweet, Simple)
- \* Make it personal
- \* Be courteous
- \* Tell the truth
- \* Send on time
- \* Keep it neat

## Face-to-Face Meetings/Videos

Meeting with your legislators face-to-face is the most effective way to get your message across. The best way to meet with your legislator is when they are in their home district office. Inviting them on a home visit is also a very effective way to help them understand and see first hand how important the services you provide are and how you are helping the elderly and disabled remain at home.

Bringing your clients/consumers to visit with their legislators is also very effective. You as the provider should determine which of your clients/consumers would make the best advocates. If possible, bring them to the Capitol to meet one-on-one with their legislators or ask them to testify by telling their story at a committee hearing (budget and/or appropriations).

Senate Hearing Schedule: <http://www.senate.mo.gov/hearingsschedule/hrings.htm>

There are some consumers/clients that have very compelling stories to tell however, they are unable to make a trip to Jefferson City. Videos that are emailed directly to their legislators and/or played in a committee hearing can still have the same affect as a personal visit. It is a great way to bring the personal stories to the forefront.

Videos do not need to be elaborate by any means. Filming on a cell phone and uploading the video to YouTube or Facebook will work. **PLEASE NOTE:** If you do choose to film any clients/consumers make sure they complete a release form. *(Sample form provided)*

**NOTE: One-on-one visits and videos telling the personal story was VERY effective in the House.**

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- **Tips for meeting with your legislators:**

- \* Know your issue
- \* Express your views in a respectful manner
- \* Be cognizant of the fact that you have limited time to meet
- \* Leave behind informational fact sheets that summarize your points
- \* Be prepared to answer questions. If you are unsure, tell them you will get back to them
- \* Don't forget to give them your contact information



## Sample Media Release Form

Company Name/Logo

### Media Release Form

Phone: | Fax:

(*Company Name*), its officers, and employees have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display, or otherwise use or reuse the undersigned's name, brief biographical information, testimonial, image, voice and/or likeness in connection with any product or service in all markets, media, or technology now known or hereafter developed in (*Company Name*)'s products or services, as long as there is no intent to use the image/self, voice and/or likeness in a disparaging manner. (*Company Name*) will not sell or trade the undersigned's contact information for the purpose of monetary gain. (*Company Name*) may exercise any of these rights itself or through any successors, transferees, licensees, distributors, or other parties, commercial or nonprofit. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may simply be the opportunity to represent (*Company Name*) in its promotional and advertising materials.

**I agree to the terms of use above and hereby authorize (*Company Name*) to use my name, brief biographical information, testimonial, image, contact information, voice and/or likeness.**

☐ Yes ☐ No

\_\_\_\_\_  
Name (Print) Signature Date

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

If you are under eighteen (18) years of age, your parent or guardian must sign below:

**I represent that I am a parent/guardian of the minor who has signed this release and that (*Company Name*) has my consent and authorization to use the minor's name, brief biographical information, testimonial, image, contact information, voice and/or likeness.**

\_\_\_\_\_  
Name (Print) Parent/Guardian Signature Date

## Governor and House Proposed Budget Cuts

### Talking Points & Examples

Governor Greiten's proposed budget that requires the elderly and disabled to meet a higher point count on the assessment tool will have significant human, financial and social consequences to the State of MO. **It is vital that the Senate recognize the consequences and join the Governor and the House by restoring this funding.**

#### Talking Points:

- ☐ This change in policy will result in the elimination of home and community based services to over 16,000 elderly and disabled citizens or, 26% of the caseload.
- ☐ Increasing the point count from 21 to 27 will not save the state money but only shift the need to higher cost services (*example: will see an increase in Emergency Room visits, hospital stays and hospital readmissions*)
- ☐ Data shows that on average, one months' worth of HCBS costs less than 1 day in the hospital. (*average cost per day/per person in hospital = \$2,000; average cost per month/per person of HCBS - \$1,139*).
- ☐ Communicate the value and cost-effectiveness of home and community based services. It is the most cost effective option for Missouri seniors and disabled. (*FY17 estimate annual cost: HCBS = \$12,482; Nursing Home = \$38,772*)
- ☐ Discuss significant services these individuals will lose (*see examples provided or use specific client/consumer stories. Clarify the need for service (not just house cleaning)*)
- ☐ It's not all about the money - Seniors have worked all their lives and deserve the right to live and receive care in the least restrictive setting
- ☐ Unnecessary ER visits and Hospital readmissions is a nationwide epidemic. HCBS providers are sought out by hospitals to help alleviate this costly issue.
- ☐ Most have no family support. Who will help them?

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The Governor's budget further cuts the home care programs with a 3% reduction in provider rates. This will have a devastating effect on providers and their employees.

Current Medicaid reimbursement rates do not cover the actual cost of providing care to people in their homes. Providers are already stretched and hardly able to hire quality staff. Agencies are struggling to pay livable wages, not to mention taxes, workers' compensation and liability insurance, health insurance and benefits and training. These cuts will result in providers having to make tough choices including laying off staff or closing. Providers already have a staffing crisis and cannot afford to pay overtime, resulting in reduced services available to our most vulnerable citizens.

**The House understood the importance of providers being adequately reimbursed for providing vital services to our elderly, disabled and medically complex children and restored half of the Governor's recommended cut. We encourage the Senate to consider fully funding the 3% reduction.**

**Talking Points:**

By taking back the 3% received last year puts providers in an additional financial crisis.

Providers used that increase to:

- ☐ increase direct caregiver wages;
  - ☐ help to offset the unfunded EVV (telephony) mandate implemented in 2015;
  - ☐ assist in paying travel time and overtime due to the repeal of the companionship exemption
  - ☐ cover normal inflationary costs (business insurance, workers comp, etc)
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The Governor's budget along with the House's version proposes capping services delivered through the CDS program. This equates to a drastic reduction in services for many disabled citizens, very likely resulting in that person not being able to live independently.

**Talking Points:**

- ☐ Approximately 6,500 individuals (*1,900 are 63 and older*) will be negatively impacted by this cut
- ☐ In some cases, consumers of CDS services would lose 40% of their attendant care for current authorized services
- ☐ Vital services currently received include activities of daily living (transferring in/out of bed, shower, wheelchair, toilet, dressing, bathing, meal preparation, medication setup, bladder and bowel assistance) – **Please don't make them choose between getting assistance in/out of bed and being able to eat or get a bath!**
- ☐ Loss of CDS hours will result in declining health outcomes, decreased quality of life, increased ER visits, hospitalizations and no option but nursing home placement all which ends up costing the state more money

### **Example results of loss of services:**

- ☐ Medication Assistance
  - Example – complex medication needs – many elderly and disabled require multiple medications. Many need assistance in taking meds properly, even some require a lock box and need assistance taking as ordered by physician. Without this service, many will either not take meds appropriately, not take at all, or apt to overdose resulting in ER visits and hospitalizations or death.
- ☐ Activities of Daily Living
  - Example - bathing – without assistance many elderly and disabled are a fall risk. A fall getting into the bath could result in a broken hip costing the Medicaid program an enormous expense (*surgery, hospital stay, rehab in the nursing home, decline in health resulting in meeting the 27 points and remaining in nursing home care*).
- ☐ Nutrition
  - Example – nutrition is a key component in staying healthy. HCBS provides assistance with shopping, cooking and feeding. Without these services, many are not able to get to the grocery store, cook a nutritious meal or even remember to eat. Decline in health will be rapid and result in ER visits, hospital admissions and/or end up in nursing home sooner

### **Hospitalization**

- ☐ Seniors ultimately cut from services will still need care to live independently. Ineligible for home and community based services or skilled facility based care people will be admitted to hospital care. Hospital dischargers will find themselves unable to place these people with services and therefore unable to discharge them from care. This creates unnecessary and significantly more costly care than where the person is allowed to remain on services in their own home, where they wanted to remain in the first place.

### **60% Cost Cap in CDS**

- ☐ 24% of those currently in the CDS program will see reduced services. How does it make sense to take away services from those that need assistance the most? (*see example on following page*)
- ☐ Ultimately these individuals will need to decide what services they can live without. Some will have no choice but to receive services in a nursing home.
- ☐ Is this a potential Olmstead violation?

# Example of Impact of 60% Cap

## 27 year old male consumer with a spinal cord injury

This is an example of the time for vital daily living activities this consumer receives currently and the impact on his services with a 60% cap. (*Note: not all of these services are done on a daily basis. Some may only be authorized a certain amount of times per week*)

Without these services this consumer may be forced into a nursing home,  
losing his independence and freedom to live in his own home!

Activities of Daily Living	Current Authorized Time (minutes per day)	Time at 60% cap (minutes per day)
Ostomey Hygiene	15	15
Catheter Hygiene	15	15
Treatments	20	20
Assistance Transfer Device	30	30
Passive Range of Motion	30	30
Meal Prep/Eating	75	75
Dressing/Grooming	20	20
Turning/Positioning	15	15
Medications	5	5
Bathing	40	0
Washing Dishes	20	0
Cleaning Kitchen	10	0
Cleaning Floor	10	0
Tidy and Dust	10	0
Clean Bathroom	10	0
Make Bed	5	0
Laundry	35	0
Trash	5	0
Essential Correspondence	5	0
<b>Total Time</b>	<b>6 hours 15 minutes</b>	<b>3 hours 45 minutes</b>

# **CDS 101: The Basics**

## **What is CDS?**

CDS stands for Consumer Directed Services. CDS is one of the Medicaid Home and Community Based Services (HCBS) available in MO designed to keep people home as long as possible to avoid expensive and restrictive institutional care

## **What does that mean?**

The consumer (the person needing assistance) will employ their worker, train and supervise their worker (Personal Care Attendant) and direct the delivery of care

## **Is that different than In-Home care?**

Yes, In-Home care is provided by aides who are employees of a home care company and are directed and supervised by the company

## **Who can qualify for CDS?**

The qualification process is the same as for any long-term care program including nursing home care, residential care, In-Home Services, Adult Day Care or any HCBS program. In MO that means anyone who:

- Is financially eligible for Medicaid (generally 85% of poverty) with assets of less than \$1,000
- Is unable to perform the tasks needed to live independently. Examples of tasks include, bathing, toileting, dressing, preparing and eating food.
- Is assessed by the Division of Senior and Disability Services (DSDS) to have a significant level of unmet needs. Sometimes this assessment is called the 21 point test or Level of Care (LOC) assessment
- Does not have family or supports in place to provide these needed tasks without hardship to the family system
- Desires to direct their own care and has the mental capacity to do so

## **Can a family member provide the care?**

Some family members may be employed by the consumer to provide care. Spouses and minor children are not eligible to be the paid employee. All family members who work as CDS attendants must pass background checks, fill out an application, and submit timesheets, just like non-family CDS attendants.

## **Where does the consumer find workers?**

Most consumers will hire someone they know personally, like a neighbor, a friend or member of their church.

## **What is the state's role in providing CDS?**

DSDS social workers will conduct the initial assessment to determine functional eligibility. During this assessment the state worker develops a plan of care, in conjunction with the consumer. This plan of care details what unmet needs the PCA will be responsible to provide and how often they are to provide them. The Medicaid program sets a maximum amount of dollars that can be spent to keep someone at home. That amount is determined by the average cost of nursing home care. The state has ongoing responsibilities such as financial oversight and approving any request for changes in amount or types of services.

## **How is the program managed?**

The state contracts with organizations called CDS Vendors who are responsible for many aspects of the program including: reviewing timesheets for accuracy, processing all payroll functions for the consumer, paying payroll taxes, training the consumer on how to be an employer and how to correctly participate in the program, monitoring the care provided by the worker, and operating a telephony program to track all worker's hours.