TALKING POINTS: IMPROVE REIMBURSEMENT FOR IN-HOME & CDS

Home based care is the lowest, most cost-effective setting of care versus a nursing home or hospital stay. As the Medicaid system grapples with high costs and expenditures, home care's efficiency could support the goal of high-quality, patient centered low-cost care.

- > In-Home and CDS providers will NOT benefit from Medicaid Expansion (see attached for details).
- ➤ Data shows that on average, one <u>months'</u> worth of HCBS costs less than 1 <u>day</u> in the hospital. (average cost per <u>day</u>/per person in hospital = \$2,000; average cost per <u>month</u>/per person of HCBS = \$992.92).
- Communicate the value and cost-effectiveness of home and community-based services. It is the most cost-effective option for Missouri seniors and disabled. (FY21 projected annual cost: HCBS = \$11,915; Nursing Home = \$42,254)
- ➤ Unnecessary ER visits and Hospital readmissions is a nationwide epidemic. HCBS providers are sought out by hospitals to help alleviate this costly issue.
- From the onset of the coronavirus outbreak, home care workers have been on the frontlines providing care in people's homes, not only the safest and most cost-effective location, but their preferred setting!
- Recent minimum wage increases have resulted in an unsustainable challenge for providers without increased reimbursement - Low reimbursement equals workforce shortage and high staff turnover.
- The average rate increase for HCBS providers since 2000 (20 years) has been 2%/year!
 - Stagnant and fluctuating rates (minimal increases and then reductions and withholds)
 prove difficult for providers to maintain when any rate increase was used to:
 - increase direct caregiver wages
 - help offset the unfunded EVV mandate implemented in 2015 and the Federal 21st
 Century Cures Act additional EVV location requirement
 - assist in paying travel time and overtime due to the repeal of the companionship exemption also in 2015
- Every year clients and consumers of HCBS have more complex care needs which only increases costs. In state fiscal year 2018, providers saw a decrease in rates that took them back to FY14 rates, however, the providers cost of doing business and providing needed care did not change. Currently providers are working on FY17 rates!
- > Discuss the additional cost factors unique to Home Care (gas, mileage, drive time, overtime, EVV, workers comp) and the unknown impact resulting from the new Level of Care determination tool.
- Discuss the ongoing struggle home care providers face due to staff shortage and high turnover which adds to the high training and recruiting costs.
- Responsibility for adapting to the cost of new policies/regulations should not fall entirely on individual home care agencies.
- > The Governor's FY22 budget recommendations include targeted market-based provider rate adjustments (*Mercer Rate Study*); however, any increases are <u>solely funded off the backs of other HCBS providers</u> and does not take minimum wage expenses into account. No new monies are provided!
- 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.
- ➤ Most have no family support. Who will help them?

Medicaid Expansion WILL NOT Benefit Home & Community Based Providers

Additional funding is necessary to sustain and protect HCBS services. HCBS providers **WILL NOT** see an opportunity for an increase in providing services to the expanded population.

MO Expansion Population Details Related to HCBS:

- Participants are not eligible for Expansion if they have Medicare.
- Expansion coverage will not include CDS or waivers services only state plan agency model.
- The only group that would benefit from switching to expansion managed care plan would be those that have state plan agency model only and a spenddown.
 - A very small percentage of HCBS population is authorized for only state plan agency model and do not have Medicare (around 4,700)
 - For those individuals, an even smaller number have a spenddown. No Medicare (of any kind) and has spenddown = 87 participants