

Missouri Alliance for Home Care
Missouri Centers for Independent Living
Missouri Council for In-Home Services

Recommendations

1. Third Party Assessment:

- A. Home care provider nurses currently conduct assessments. This system is working and has reduced waiting time to receive service from months to days. Why add another layer of bureaucracy?
- B. Two (2) nurse visits are required annually for all in-home clients (state law). These visits are being utilized to conduct initial assessments and reassessments – adding no additional cost to state for the assessment.
- C. State spent millions to develop a web-based assessment tool for home and community based LTC. The tool will assess eligibility for the program (21 points). The original intent was to develop a web-based system that would also develop a plan of care appropriate for the individual's needs. That component was not developed. Develop that component, which will serve in essence as a third party assessment process. The development of this component will be a onetime cost as compared to the ongoing cost of a third party assessment system.
- D. If a third party assessment is needed, access to all LTC services should be controlled by the assessment vendor. Controlling access to the least expensive LTC services and not on the most expensive LTC will not reduce inappropriate usage of LTC services. MO's nursing homes have the fourth highest percent of "low care" residents based on occupancy vs prevalence. These low-care residents need to be considered for home care. If a third party vendor is used only to control access to home care many lower care need clients will end up as residents of nursing homes.
- E. A third party vendor will charge approximately \$172 per assessment (Lewin Group). Nurse visits by in-home providers cost approximately \$40.

2. High Cost Review Teams:

- A. The incentive should be to assure proper plans of care and not an arbitrary reduction of units.
- B. Current and accurate data must be used in making determinations.

3. Telephony:

- A. Currently, CDS vendors are not allowed to use telephony. Make telephony optional for CDS vendors.
- B. Good idea to use modern technology to get the most efficiency possible. Do not limit to current (possibly soon outmoded) technology by mandating a phone voice activated system.
- C. This requirement will be an added cost for the provider – cost range from \$0.25 to call in and \$0.25 to call out – these charges would be the same if they delivered a 30 minute task or a 3.5 hour task. Smaller agencies may have to pay more and larger agencies may have to pay less.
- D. Concern about clients/consumers who do not have land lines. Will the worker use the clients/consumers cell phone? What about the cost to the client?
- E. CDS Plans of Care are much different than for in-home clients. Often the worker is in and out many times during the day. For example, what happens when you pick up consumer and take to a dialysis appointment, then pick back up later and take home? This would be very costly to the provider or consumer (cell phone).

4. APC – rate reduction:

- A. Blend the PC and APC rate.
- B. Advance Personal Care currently requires additional training for the worker and more oversight of the care and offers additional compensation for APC units. Will the state remove these requirements? Will non-APC trained workers be able to deliver the care? Will the mandatory monthly nurse visit be eliminated?

5. Utilization Management:

- A. Cuts recommended by governor far exceed the Lewin Group's recommendations (Lewin 40 hours a week/Governor 60 hours a month)
- B. Other states that have limited their PC hours are not nearly as severe:

Missouri	60 per month (proposed)
Minnesota	275 hours per month*
Montana	160 hours per month
New Jersey	160 hours per month
North Carolina	60 hours per month
Kansas	360 hours per month
Arizona	As Needed
Vermont	As Needed
Arkansas	64 hours per month
New Hampshire	160 hours per month
Florida	As Needed
Tenn	PC up to 8 hours per day

*changed weekly rates to monthly (all are approximate)

- C. Some clients/consumers will be forced into nursing homes. These caps are too severe and consumers could lose their right to choose where they receive their care and the right to live in the least restrictive environment.
- D. Will this result in a violation of the Olmstead Act? Will Missouri be subject to a legal challenge?

Other recommendations for cost savings:

1. The General Assembly passed a provider tax for the in-home industry in 2009. This tax has not been imposed. Work with CMS and the Missouri Congressional delegation to get the tax approved by CMS.
2. Consider making requests for provider/vendor contracts a low priority based on budget constraints. Home Health has effectively done this and no new home health agencies are being approved because of the low priority given to that function.

For further information contact:

Missouri Alliance for Home Care: Mary Schantz – 573 634-7772

Missouri Centers for Independent Living – Jennifer Gundy - 417-667-7007

Missouri Council for In-Home Services – Scott Penman – 573 635-6044