

Letter of Support for MHCA's Underfunded Home Care Services Legislation

To Whom It May Concern

I am the owner and Director of Homecare with NextStep Homecare, Inc. located in Alexandria, MN. I started this homecare agency in 2016 and have survived many ups and downs thrown our direction. We provide home care nursing services to pediatrics and adults in a 8-county territory. We currently serve 16 clients receiving home care nursing services. Our clients have high medical needs and if they are hospitalized, they would be in the ICU or NICU units. With having nursing services in place, we are able to care for their needs at home with avoiding the hospital stays. We are currently caring for a 2-year-old that is needing a chemotherapy medication via IV infusion. We were able to bring this client home to complete his 3x/week infusion versus staying in the hospital an additional 3 weeks to complete his therapy regimen.

We do not offer a homemaking service due to the lack of reimbursement. We do receive at least one referral call a week for individuals looking for homemaking services that we turn down. When we admit a new client, their start of care visit is a non-reimbursed service as a skill care was not completed during the admission. For a nurse to complete an admission from start to finish can take up to 6 hours for our high acuity clients we admit. This is a huge out-of-pocket expense for our agency, but a service we have to provide to get the client admitted. Every 60 days we are required to complete a recertification visit to update the client's plan of care. This recertification visit is usually done during an already scheduled standard home care nursing visit and we are not able to bill 2 nurses at the same time, so these recertifications visits are a non-billable expense that the agency must cover. If we didn't complete every 60-day recertification visits, we would not be in compliance with MN Statue and would be found in violation and could be fined. A recertification visits usually takes around 2 hours to complete depending on the number of medications that require reconciliation. Resumption of care visits have the same impact on our agency as stated above for recertification visits.

As the Director of Homecare, I do many care coordination visits with client's family, physicians, and county public health nurses these visits are all considered non-billable but a major piece of the client's care. These visits are vital to putting all members of the client's team together to make sure the client is receiving all the services and care they require to meet their needs. I make multiple phone calls a day including on the weekends to physicians, pharmacies, DME suppliers, social workers, and public health nurses to coordinate cares and services for the clients. I have office staff that assist in picking up medications and supplies for the clients as they are unable to leave their houses to pick up their supplies. The time and mileage to complete these tasks are non-billable.

I am asking for your support of MHCA's legislation as it is a critical piece of our work as a state to support Minnesotans and those with disabilities and complex health needs to remain living independently in their homes and therefore avoid needing to access more intensive and expensive services.

Feel free to reach out to me if you have questions about the challenges we are facing. I can be reached at [tonidiede@nextstephomecare.org](mailto:tonidiede@nextstephomecare.org).

Sincerely,



Toni Diede  
NextStep Homecare, Inc.