



Champions of Homecare

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

To Whom It May Concern:

I am writing today to help inform you, from a provider perspective, of how the underfunded care types impact those who are in dire need of these services. I am an RN who has worked in the home care industry for over 40 years. For the past 20 years, I've worked both in Public Health and now, for a non-profit company called Accra Care. Both of these entities primarily serve the clients who rely on care that is reimbursed by their Medical Assistance benefit.

Over the years, I've seen that the homemaker (HM) service is commonly the first service a client needs. If an elderly person cannot maintain their home, it is not unusual to see them seek out either an apartment in assisted living or even a nursing home. Unkempt homes with loads of laundry undone and dishes stacked high, attracting all kinds of vermin, was something we regularly saw at Public Health when investigating vulnerable adult cases. As a body declines, these HM tasks become more difficult to manage independently. Next, we would assign them a Medicaid waiver and refer them for homemaker services. Years ago, the reimbursement rates were adequate to attract and pay staff to provide this type of work, but that is no longer the case. The HM rate lags behind a reimbursement rate an agency needs to be able to offer HM staff a livable wage. If we cannot staff this simple, but needed service for clients, it only results in more admissions to congregate living, which under Medicaid, is far, far more costly.

In addition, home care agencies have for years absorbed the high cost of starting or resuming care for a client in the home. An RN must do an in-depth evaluation visit, which can take up to 2 hours in the home, as well as another 2-3 hours of documentation once back in the office. This is done to comply with state and federal standards of care. We are reimbursed for those visits no differently than a regular home visit that may take up to 1 hour for both the visit as well as the documentation. MHCA has, for a number of years, sought a reasonable increase to help support home care agencies. Sadly, we are now seeing more and more home care and home health agencies close because they are unable to survive financially, along with facing the urgent staffing crisis.

Another task that agencies are not reimbursed for is care coordination. This involves advocating for clients in many ways. It might be to track down necessary equipment or medications that a client was not sent home with from the hospital. Another example is realizing that a client is in need of better nutrition, so the nurse orders them meals on wheels. Or attending a care conference in the home with the family, when it is time to consider moving their family member to a place that can better meet their needs. None of this is currently a service that an agency can bill for and yet, they do the work to assure clients are well cared for. But please note these unpaid services that put agencies at risk for closure. This is a small thing we are asking you to do - to provide support to finally get this bill passed!

I am asking for your support of MHCA's *legislation as it is a critical piece of our work as a state to support older 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 susanmorgan@accracare.org.

*Sincerely,
Susan Morgan, RN, COO
Accra Care, Inc.*

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