

# GRANITE STATE HOME HEALTH & HOSPICE ASSOCIATION

June 18, 2021

Lori Shibinette  
Commissioner  
NH Department of Health & Human Services  
129 Pleasant Street  
Concord, NH 03301

Commissioner Shibinette:

I am writing on behalf of home care, hospice, and palliative care providers throughout the state to suggest potential uses of the 10% FMAP funds that New Hampshire can receive through the American Rescue Plan of 2021. Our Association – the advocacy affiliate of the Home Care, Hospice & Palliative Care Alliance of New Hampshire – advocates on behalf of home-based providers and the people they serve. Our members deliver many types of care, from personal support and nursing services for Choices for Independence clients, to Medicaid state plan skilled nursing and rehabilitation therapy for Medicaid managed care enrollees, and Medicaid private duty nursing for pediatric and adult patients who require intensive, specialized nursing care.

The ARP funds present New Hampshire with a unique opportunity to enhance, strengthen and support a fragile network of home and community-based care. As you know, New Hampshire's history of low reimbursement rates for its Medicaid programs, combined with COVID challenges and a competitive employment environment, has resulted in gaps in care for Granite Staters who depend on home-based services.

After reviewing the guidance that CMS issued to State Medicaid Directors, the Association suggests the following:

### Directed Payments to Medicaid and CFI Providers

NH Medicaid made directed payments to certain safety net providers in 2020, including Medicaid state plan home health providers and Medicaid private duty nursing providers. These payments were rate enhancements based on claims in a specific time period and were paid monthly. The directed payments supplemented the current rates and were much needed, especially since state plan home health nursing rates have been stagnant since 2010, and home health therapy rates have been unchanged since the late 1990s. Medicaid private duty nursing rates are also no longer sufficient to attract the specialty nurses needed to care for that population.

The Association believes a similar directed payment program would again help those same providers, along with Choices for Independence providers and other qualifying providers. It would be important to allow providers the flexibility to use these funds as they deem necessary, since challenges vary from agency to agency. Options could include recruitment



and retention bonuses, stipends, temporary wage increases, overtime pay, additional benefits, additional training, as well as deficit mitigation for agencies that provide these services at a financial loss and are at risk of leaving the Medicaid or CFI provider networks.

We recommend a directed payment model rather than a “Long Term Care Stabilization Fund” stipend model because it would be less administratively burdensome on providers and would reduce work for other state agencies, such as the Department of Employment Security. While the LTCF stipends in 2020 encouraged workers to stay employed or accept more shifts, providers bore the additional costs for payroll taxes. This was a barrier for some agencies to participate in the program. The Partnership for Medicaid Home Care reported that CMS officials indicated in a meeting on June 17<sup>th</sup> that CMS expects taxes and other employer costs to be factored in when calculating any wage enhancements resulting from ARP funds.

#### **Workforce Initiatives for Home-based Workers**

Attracting and retaining staff to deliver home-based care remains the biggest challenge for Medicaid and CFI providers. Without more nurses, LNAs, and personal care providers, gaps in client services will continue to grow. We recommend that DHHS invest funds in scholarships, free training programs or supplemental benefits to attract new workers to these jobs. Specifically, we suggest:

- Establishing a grant fund for agencies to apply for financial assistance to pay wages and training costs for new employees enrolled in apprenticeship programs, such as home health LNA and LPN programs offered through the Community College System of NH. Candidates could include family members of CFI or Medicaid private duty nursing patients who would be hired by agencies as paid caregivers for their family members. The NH Department of Labor has training funds available, but many non-profit agencies cannot participate because they do not pay into the unemployment compensation fund.
- Partner with hospital-based pediatric programs to offer regular training for home care RNs and LPNs to acquire specialty skills necessary for Medicaid private duty nurse care.
- Establish a fund that agencies could apply for that could be used for supplemental employee benefits, such as tuition/student loan assistance, childcare vouchers, transportation or car repair vouchers, or other offerings.

The Association recognizes there are many worthwhile initiatives that could be considered for the ARP funds, including HCBC infrastructure projects within DHHS. We urge the Department to dedicate these funds specifically to *rescue* home and community-based providers, employees, and the people they serve.

We welcome the opportunity to engage in stakeholder conversations about the ARP funds.

Respectfully,



Gina Balkus

Chief Executive Officer

Cc: Henry Lipman, Medicaid Director

Deborah Scheetz, Director of Long Term Services & Supports