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

What the bill does: Proposes a collection of changes aimed at moving the Medical Assistance reimbursement rates for particularly underfunded home care services to be closer to the actual cost of providing these services. Specifically, the bill:

* Raises the reimbursement rate for Homemaker services to address the current extremely low wages that can be paid under that critical service.
* Allows for a separate reimbursement rate for a limited annual number of “care evaluation” visits. The three specific qualifying visits are: Start of Care visits, Recertification visits and Resumption of care visits.
* Requires DHS to work with home care stakeholders to develop a “care coordination” reimbursable service aimed at recognizing at least a small amount of the care coordination work currently being performed by home care staff without reimbursement.

*The letter can be addressed “To Whom It May Concern”*

*Items to consider for your brief letter of support:*

*Insert information about your organization, where you are located, what services you provide, to how many Minnesotans. Insert a brief example or two of how your home care staff support Minnesotans to stay in their own homes versus more expensive congregate settings.*

*Insert a few specific examples from your organization about your challenges related to the three particularly underfunded home care services addressed in this bill. Legislators are particularly interested in hearing about the impact of legislation on people in need of services. Consider including the following:*

* *What are the challenges you face in offering homemaker services to clients? What wage are you able to offer to homemaker staff given the current reimbursement rate? Have you had to raise the wage to attract applicants such that you lose money on the homemaker service? Have you had to stop offering homemaker services? How do homemaker services support someone to remain living in their own home?*
* *What are the challenges you face in carrying out Start of Care visits, Recertification visits, and Resumption of care visits? To do those visits well, how much time do they take as compared to a typical visit? How much money do you lose on these visits given that they take longer than a typical home care visit yet are reimbursed the same? How are these three types of visits integral to better outcomes for the client?*
* *What are the challenges you face due to the uncompensated “care coordination” activities your home care staff perform? What are some specific examples of the care coordination activities your staff carry out to ensure better outcomes for the client and their family? Reaching out to a pharmacy or doctor for additional guidance when a client has questions about medication? Ordering additional supplies for a client? Calling and getting orders from a doctor when additional supports may be needed? Connecting client/family to needed resources?*

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 (insert email).

Sincerely,

Name

Organization