

Overview:

The Home Care Alliance of Massachusetts (HCA) appreciates MassHealth's solicitation for information with regard to the Rural Health Transformation Program (RHTP) Notice of Funding Opportunity (NOFO), within federal grant number CMS-RHT-26-001. With current uncertainty surrounding federal support for State Medicaid programs, HCA views the RHTP as an opportunity to utilize available federal funds to support home health and hospice providers in Massachusetts in the mission to improve healthcare access, quality and outcomes in our Commonwealth's rural communities.

The HCA reminds MassHealth that despite public reporting or understanding of the RHTP, these funds not solely intended for rural hospitals.

Per statute, these funds are statutorily intended to support health care delivery to rural communities through Section 2105(h)(6) of the Social Security Act. Further, paragraph 9 of this section defines health care providers as, "a provider of services or supplier who is enrolled under this title, title XVIII, or title XIX." In other words, the fund allows for direct payments to any provider that is enrolled in the Children's Health Insurance Program (CHIP), Medicare, or Medicaid. This includes important post-acute and long-term services and supports, such as home health, hospice, home and community-based services, and palliative care.

HCA submits the following opportunities which we believe are timely and consistent with the RHTP's intent and statutory authority and have potential to be transformative for care delivery and outcomes for the Commonwealth's rural residents:

1. **Home Health Workforce Development – Clinician Upskilling**

Issue:

Home health and Hospice providers endure chronic recruitment and retention issues. These issues relate to reputational, compensation, documenting/regulatory, safety and career opportunities. In Massachusetts, which ranks in the top 5 in the United States for health care, the care-at-home industry competes heavily with world renowned health care institutions for clinicians. These facilities are able to offer compensation/sign-on bonus/annual adjustments that the home health and hospice industry are simply unable to provide given reimbursement for our services.

Despite all of this, home health and hospice agencies are encountering patients with higher acuity needs than ever before. Due to hospital and Skilled-Nursing Facility (SNF) capacity pressures, home health is increasingly relied on to accept a higher-acute patient population than ever before. While the industry is up for the challenge, this also poses a barrier to growth.

Solution:

While competing for a limited workforce against facility-based financial resources that are unimaginable to be available to our industry, the Commonwealth has an opportunity to boost and upskill the home health and hospice workforce. In this initiative, the Commonwealth would

distribute grant funding to home health and hospice providers, enabling them to afford their clinicians to attend courses and achieve certifications in various specialties. Some examples include but are not limited to:

- Certified Hospice & Palliative Nurse
- Wound/Ostomy Certification
- Certified Lymphedema Therapist
- Pain Management Nursing Certification
- Psychiatric/Mental Health Nurse Certification
- Gerontological Nursing Certification
- Aromatherapy Certification
- Certified Case Manager
- Certified Dementia Practitioner
- Certified Professional in Healthcare Quality

WHAT OTHER CERTS!!?!?!?!?!?!?

Goals & Outcomes:

This investment will yield two benefits. An upskilled clinical workforce serving MassHealth members in the community, and an enhanced employer-employee relationship to improve retention and workforce development. By investing in the clinicians of our industry, clearer career pathways will be drawn. In the end, this will enable rural community providers the ability to attract a workforce who understand that their career in home health and hospice will have opportunities to advance their skillset and, in turn, reach more people in our rural communities.

2. Technology Investments:

A. Information Exchange Between Hospitals & Home Health/Hospice Providers:

Issue:

The relationship between home health/hospice and hospital entities is often misunderstood and unknown. However, these relationships are critical to the flow of patient access to care across the entire health care continuum. Access to home-based healthcare is crucial to maintaining our State's hospital system capacity. At any given time, according to the Massachusetts Health and Hospital Association (MHA) [throughput survey](#), approximately 30% of patients are awaiting discharge to home health. This makes the home health and hospice industry an essential aspect of the healthcare continuum and in keeping it solvent.

However, often times, the information and data exchange between home health/hospice agencies and hospitals is hindered due to technology. These hindrances lead to slower discharges/(admissions to home health). The root cause of these issues has to do with a variation between Electronic Medical Record (EMR) or health information portal exchange integrations. This may be the result of a technological exchange issue in regard to HIPPA, or compatibility. Or – due to licensing or integration barriers between the home health agency and hospital.

Solution:

MassHealth should consider utilizing RHTP funds to provide grants to home health, hospice and hospital providers which would enable them to overcome these integration issues in exchanging critical health information.

Goals & Outcomes:

This investment would result in smoother care transitions from hospital to community. It would enable home health agencies the ability to capture and understand patient referrals in a more timely and informed manner. In turn, throughput should improve due to more efficient planning, and outcomes will improve as a result of these smoother transitions.

B. Workforce Safety Solutions:

Issue:

The home care, home health and hospice industry is chronically hampered by workforce issues. While our industry is not unique in this regard as compared to our counterpart health care sectors, it is especially concerning considering the demand and public sentiment for desire to receive care at home. Furthermore, our industry presents a significant value-proposition to the Commonwealth in reducing total cost of care for residents when access to services at home are widely available versus when they are not.

Research and data illustrate that the home care and hospice workforce issues are multifaceted. Above all, compensation drives turnover, recruitment and retention trends. However, close behind are safety and career opportunities. Our industry's biggest competitor is facility-based employment opportunities, which heavily weighs on providers serving rural communities, thus reducing access to services in these areas of the Commonwealth.

HCA reminds MassHealth that the care at home workforce 'goes in alone'. Unlike other care-settings, home care and hospice workers are independent and provide care in their patient or client's home. Because of this, our workforce is without support that our counterpart facility-based colleagues have. With a fraught social and political environment, our diverse workforce are subjected to a range of situations which contribute to increased turnover and safety concerns.

Solution:

In recent years, there are an increasing number of technology solutions available to health care providers to empower clinicians and caregivers with tools to keep them safe. These tools range from emergency-triggered fobs, to app-based technology that give a frontline home care and hospice worker some level of comfort and security in the home. However, these tools are often costly to invest in and implement in a challenging reimbursement structure.

Until the workforce is empowered with training and tools to feel and be safe, Massachusetts will continue to see workforce turnover and vacancy-rates in the home

health care workforce, leaving rural residents with limited options and lack of care continuity.

MassHealth should consider seeking federal RHTP funds which would enable provider home health and hospice agencies serving rural residents the ability to receive grant funds which would allow these providers to implement and invest in workforce safety solutions.

Goals & Outcomes:

This initiative would be a direct investment into home care and hospice workforce development, and improve recruitment and retention – and ultimately, increased access to care for rural residents.

3. **Value Based Purchasing (VBP) Model for MassHealth Home Health Fee-For-Service Program:**

Issue/Overview:

The MassHealth Office of Long-Term Services and Supports (OLTSS) has recently engaged stakeholders regarding potential for a Value Based Purchasing (VBP) initiative in the MassHealth Fee-For-Service (FFS) Home Health program. In the program's current structure, provider home health agencies are plagued by workforce, prior authorization and reimbursement challenges. MassHealth members, particularly in rural areas, suffer from access to care issues as a result of these challenges. This initiative aims to put patients first and at the center of care delivery through an incentive and outcomes-based payment model.

However, fiscal limitations may constrain MassHealth's ability to fully realize the opportunity that home health VBP has to offer for its members. As a result, HCA raises concerns that these limitations and insufficient per-member-per-month (PMPM) capitations could unintentionally skew the conclusions drawn from the outcomes of this initiative as currently being discussed.

Solution:

The RHTP presents an opportunity for MassHealth to take advantage of multi-year federal funds to support this initiative under the stated RHTP goal of innovative care models that promote flexible care arrangements for MassHealth members in rural areas. The RHTP offers the Commonwealth the ability to support this MassHealth investment in a manner that exceeds initial intentions, which will allow MassHealth and its partner Home Health Agencies to better understand the value-proposition that home health care offers in reducing total cost of care and outcomes for MassHealth members in rural areas.

This could be offset by RHTP funding opportunities. By fostering a care-delivery environment that enables flexibility for health care providers, MassHealth members in rural communities will have increased access to outcomes-based care-at-home services which are more widely available than without RHTP funds.

HCA urges MassHealth to consider, in its RHTP efforts, to seek funds that would supplement its investments to its Home Health VBP initiative in order to fully

Goals and Outcomes:

As MassHealth has stated, the MassHealth Home Health VBP initiative is aimed at reducing total cost of care for MassHealth members while improving quality of care and outcomes. Supplementing the state's investment with federal funds for this initiative will enhance the State's ability to measure the effectiveness of this effort.