



THE VAHHA VOICE

The Newsletter of the Vermont Assembly of Home Health Agencies

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1-800-HOMECARE

If all goes as planned, starting April 1, Vermonters will be able to call a toll-free number and get the home care agency that serves their town.

The Vermont Assembly of Home Health Agencies plans to bring easy access to home care throughout the state by establishing the single-access telephone number. The way the program will work is the system will recognize the caller's three digit town code and will route the call to the agency that serves that town. For cell phones, the caller will be asked to punch in the zip code of the town where services are requested and the call will be routed to the agency that serves that town. All twelve agencies will retain their current telephone number as well.

1-800-HOMECARE is successfully being used in over 115 cities throughout 25 states by many VNA's including the VNA of Cleveland, VNA Health Care of Connecticut, Sutter VNA and Hospice in San Francisco.

Chittenden VNA Celebrates 100 Years of Service

One hundred years ago, a small group of women in Burlington were concerned about the health of the youngest and most vulnerable members of the community. Illness and poverty were rampant within the city, especially in the poorer neighborhoods, and they decided it was time for a community reaction.

In 1911, a VNA nurse was assigned to the public and private schools in Burlington to assist the school physician, make home visits, and educate older children about health-related issues. Ten years later, the City of Burlington contributed funds to the Burlington Visiting Nurse Association to increase the number of nurses from two to five to help combat the city's increased infant mortality rate.

The agency continued to grow steadily in response to the needs of the community. By 1960, the VNA was doing over 4,600 visits in a six month period. With the passage of

Continued on page 2 - Centennial

Department of Justice Drops Investigation of Vermont's VNAs

Citing Vermont's new home care law, the Department of Justice (DOJ) has dropped its anti-trust investigation of the state's 12 not-for-profit Visiting Nurse Associations. The investigation was halted almost exactly one year from the start. The Vermont Assembly of Home Health Agencies, the trade association for the 12 agencies, learned about the investigation on November 15, 2004 and learned that the DOJ had dropped the investigation on November 23, 2005.

"We are thrilled. This has been a long and difficult year. Now the agencies can put their full attention back to what they do best, deliver high quality, low cost home care," said Peter Cobb, VAHHA executive director.

"The DOJ statement says that the legislation passed this term helped them decide to close this case. Needless to say we have an awful lot of people to thank. Sens. Jim Leddy, Peter Welch and Susan Bartlett were key early supports as were every member of the Senate Health and Welfare and Appropriations committees. In the House, Reps. Peg Flory,

Patti O'Donnell, Carolyn Branagan, Donald Bostic and Floyd Nease helped guide us through the sometimes difficult legislative process as did all the members of the House Health and Human Services committees. Reps. John Tracy, Gaye Symington, Ann Pugh and Tom Koch all played key roles. The bottom line is there was bipartisan support. Everyone involved with home care is grateful and humbled with this support," Cobb said.

"The legislation establishes an explicit state policy permitting and regulating the existing cooperation and coordination of the 12 agencies," Cobb said. "We are now working closely with the state to make sure that this legislation works as written. There will be more state review and we are confident that we can work with the state and make the best home care system in the country even better."

"Home care in Vermont is special. Home care agencies here serve more people per thousand than are served in

Continued on page 6 - Investigation

Centennial - Continued from page 1

Medicare in 1965, home care services for the sick and disabled were increased to include rehabilitation services focused on keeping people at home and out of institutions. During the same time period, the agency expanded its service area to all towns and cities in Chittenden County. Home Health Aides joined the staff to supplement the care provided by the nursing staff.

Those intrepid women would be surprised to see how much has changed in 100 years. Today's VNA employs over 600 people, and is the third largest employer in Colchester, home of the VNA's main office. The VNA serves people all over Chittenden and Grand Isle Counties, and provide care to people from birth through death. Today's Adult Day Program, End-of-Life Care Services, Community Care Connection, and expanded Maternal and Child Health programs grew out of the same response to community needs that helped the early VNA evolve from a handful of nurses traveling the streets of Burlington on foot or on bicycle to the high-tech, multi-discipline team approach in operation today.

A group of VNA staff members, board members, friends and volunteers has been meeting since April 2005 to plan a variety of events to celebrate the VNA's Centennial. Early on, the group defined the purposes of the VNA's Centennial celebration activities: Educate and raise awareness about the VNA and the services we provide to our community; Honor and thank thousands of VNA staff, volunteers, and generous community members; Raise critical funds to support our work for the next 100 years and beyond; and Have fun!

The first Centennial event took place in October of last year to honor VNA staff, volunteers, and alumni. Dubbed Home Care Homecoming, it was held in the Colchester High School gymnasium on Saturday, October 15. An exhaustive effort was made to contact as many former VNA employees and volunteers as possible. Over 200 past and present staff and their families enjoyed an afternoon of food, games, activities, reminiscences and a giant birthday cake. A popular spot was the "Memory Lane" table laden with scrapbooks, photos, and memorabilia. Church Hindes, VNA President and CEO, told the crowd, "Since 1906, staff and volunteers have been the minds, hearts, and hands of the VNA", and Betsy Davis, former VNA Executive Director from 1964-1984, shared compelling stories of her work as a nurse in the early 1960's.

Some of the coming Centennial events and projects include: Centennial pins depicting the VNA Centennial logo proudly worn by staff and volunteers this year; Centennial banners displayed at the VNA home office in Colchester and every VNA program site in Chittenden and Grand Isle Counties; a Community Education Series on family caregiving, which will take place in 7 locations in the VNA coverage area; a video to be used for staff orientation which will highlight what the VNA means to caregivers as well as to the community; a public birthday bash to celebrate 100 years of care; and the VNA's 100th Annual Meeting. Perhaps the biggest celebration will be the Party of the Century, a fundraiser scheduled for June 15 at the Breeding Barn at Shelburne Farms.

*For more information
about the VNA's
Centennial Events,
call 802-685-1900,
or visit
www.vna-vermont.org*



The VNA's Centennial Committee is planning many special events for 2006

Staff Changes at the VNA of Chittenden, Grand Isle

Ann Irwin has been named the Manager of Community Relations at the VNA of Chittenden, Grand Isle Counties. Ann was most recently the VNA's Special Events Coordinator.

Melissa Baptiewright has been named Annual Giving Coordinator. Melissa now oversees the VNA Annual Fund in addition to her duties as Friends-for-Life Campaign Coordinator.

Diane Hebda has become nationally certified in the Outcome Assessment Information Set (OASIS), a quality measure used in home health care agencies around the country to enhance care for patients receiving care at home. Over 700 home care clinicians across the country have taken this 2.5 hour exam. Diane is the only person at VNA with this distinction and one of only a few in the state. Diane works with staff, managers and auditors to teach and consult on the most accurate OASIS assessments of clients.

Sue Scheer has joined the VNA's Development Office as Special Events Coordinator. Sue came to the VNA after 17 years at Ben & Jerry's, where she coordinated many

of their national and regional events, as well as being in charge of the Waterbury factory tour program. In addition to organizing the VNA's Spring Blooms! Fashion Show and Luncheon and Vermont Respite House's Jiggety Jog 6K Run, Sue will be helping to create and implement several events associated with the VNA's Centennial Celebration.

Mike Garrett, co-manager of the VNA's Education and Staff Development program, was nominated for a United Way Hometown Hero Volunteer Award for his volunteer work with Maple Leaf Farm Associates. He was one of 37 community individuals and businesses nominated for the 2005 awards. Mike oversees agency Quality Improvement and coordinates the agency's FISH! Philosophy program, which is a life-long learning approach that inspires us to feel alive and engaged in the work we do.

Sue Watson, who ran the VNA's high tech home care program since it began in 1990, now is the director of the Program for All Inclusive Care for the Elderly (PACE). The program, which provides all needed services to those enrolled, should begin full operation later this year.

Deficit Reduction Could Cost Vermont Home Care \$6.7 Million

The Deficit Reduction Act could cost Vermont home care agencies \$6.7 million in lost revenues over the next five years, according to Jeff Kincheloe of the National Association for Home Care. The DRA also could result in another \$532,000 lost revenue from hospice Kincheloe told VAHHA representatives recently.

With the DRA, Congress took away the 2.8% market update that was scheduled for this year. What this means is that Medicare's home care payments for Fiscal Year 2006 are

the same as in 2005, with two exceptions - the wage index updates are not affected and the 5% rural add-on is returned. The addition helps 10 of the 12 VNAs in Vermont but leaves the Franklin and Chittenden agencies with lower payments than the other agencies in the state.

The market basket freeze is significant, not only for the losses sustained this year, but also because of the impact in future years.

DNA Provides Local Firemen with Free Flu Shots

The Dorset Nursing Association provided flu vaccinations free to all five volunteer fire departments in Dorset, East Dorset, Rupert, Pawlet and West Pawlet. DNA had several dozen doses of vaccine left over from its public clinics and decided to offer the flu shots at no charge to the local volunteer firemen to help them stay well this winter.

Vermont's 12 home care agencies and Visiting Nurse Associations each year provide nearly 30,000 flu shots to Vermonters throughout the state. The flu shot program is coordinated with the Vermont Department of Health. Again this year, for high risk people with no insurance, Blue Cross and Blue Shield of Vermont donated nearly \$30,000 to help assure that anyone in need could get a flu shot.





Vermont Gets Two First-in-the-Nation Medicaid Waivers

Vermont Medicaid got thumbs up recently from the federal government to run two first-in-the-nation Medicaid waiver programs that the state hopes will end the nearly 10-year slide into red ink and possibly save the program from financial ruin. The first, a global commitment budget, transforms Vermont Medicaid into a managed care program and the second, a 1115 home and community-based waiver, puts home care on an equal footing with nursing homes.

Vermont Medicaid, like Medicaid in many states, is in serious financial trouble. Costs have grown dramatically in recent years averaging a 12% increase each year for the past decade, a rate not sustainable for the next decade. The state hopes the two new waivers will help get the budget under control and also guarantee needed services.

Vermont Medicaid covers 145,000 people, 25% of the population. Thirty-four percent of the state's children (54,000) are on Medicaid. Children qualify at 300% of poverty and adults at 185% of poverty. Few states have enrollment benefits this generous.

Under the global commitment budget, Vermont Medicaid is a public Managed Care Organization (MCO). The state gets a lump sum payment each month from the federal government to manage all Medicaid programs except the home based waiver program.

Vermont Medicaid is operating under a 5-year budget ceiling set by the federal government. The ceiling is based on Fiscal Year 2004 expenditures and includes a 9% increase each year. State planners say the lump sum payment gives them the ability to carefully manage the program, something that has been difficult to do in recent years. The waiver also gives the state more flexibility in the way it uses its Medicaid resources. Vermont is no longer bound by the traditional Medicaid rules. Under this new agreement, the state can fund programs previously not covered such as preventive medicine and chronic care initiatives. State planners are so confident that the spending for the next 5-year period will be below the 5-year ceiling that they expect to use the unspent money to expand some of the preventive programs. They also suggest that expansion of these programs will result in savings five or six years down the road that can be used to expand and add more preventive programs.

State planners also say that the global commitment budget encourages inter-department collaboration and consistency across programs because the various departments that run Medicaid programs now must work closer together to assure that spending statewide stays below the cap.

Critics of the global budget say state planners are living in fantasy land. If the worst happens and the recent 10-year history is repeated with more people needing more services, thousands of Vermonters could be left with no or limited services because the state gets only the agreed on lump sum payment. They also say that the state is using curious math in projecting savings from the chronic care initiative (across-discipline management of chronic diseases such as diabetes) because the program has not saved a dime yet and could cost the state more rather than save money.

The 1115 home and community-based waiver started last October. The key to this program is that home care services are now entitled services on equal footing with nursing home care. Before October, the state had 1100 "waiver slots" available. When those were filled patients got placed on a waiting list. There is no waiting list now. If a patient wants home care rather than nursing home care and is eligible, he is entitled to get what he wants.

Like the global commitment budget, the home and community-based waiver was written because the state must get a handle on spending. There are approximately 80,000 Vermonters 65 years old or older, nearly 13% of the population. That number is expected to increase to 92,000 by 2010, a 15% increase in just seven years. To deal with the projected increase in demand, Vermont sought and got the 1115 Medicaid Demonstration Home and Community-based waiver which makes home care service an entitled service similar to nursing home care.

The waiver provides case management, personal care, respite care, adult day care, companion services, personal emergency response, assistive devices, enhanced residential care and assisted living services, homemaker and home modification. Under the new plan, patients are divided into three groups: highest need, those needing nursing home level services (including waiver services); high need, those not yet needing nursing home level care but in danger; and moderate need, those needing essential household support services such as homemaker.

Under the new eligibility rules some people who would have qualified for nursing home services are no longer eligible because the eligibility requirements are stricter under the new waiver. Only highest need patients get nursing home service. This is the most controversial section of the waiver and the most worrisome to the nursing homes. The program is only five months old, too early to gage the impact on either the nursing home industry or home care.



VAHHA Seeks \$1 Million Additional for High Tech Program

VAHHA Director Peter Cobb has asked the Senate and House Appropriations Committees to add \$1 million dollars to the state's High Tech Home Care Program. According to Cobb, the home care agencies lose, on average, nearly \$15,000 per-patient each year. (As this newsletter goes to press, VAHHA representatives have met with the House Human Services Committee and the House Appropriations Committee. A hearing before the Senate Appropriations Committee is pending.)

"The agencies are at the tipping point where they simply cannot sustain further losses," Cobb said.

According to Cobb, the VAHHA member agencies lost \$745,000 in 2005 on this program and losses this year could approach \$1 million dollars.

The High Tech Home Care program provides in-home nursing and related equipment to children and adults who are dependent on technology for everyday living. Examples include patient who need oxygen monitoring, tube feeding or suctioning.

"For many of these young people, without home health care, they would be unable to stay in their own homes and would be forced to live in an institution," Cobb told the House Human Services Committee.

Sue Watson, of the VNA of Chittenden, Grand Isle Counties, told the Committee that the program was started nearly twenty years ago when the state discovered that a high needs child was living at Fletcher Allen Medical Center because there was no program that would pay for his home care.

"In the 1980s, the Medical Center in Burlington had a young child residing in the hospital. The child required significant respiratory support to live. The child's prognosis was extremely guarded. The Medicaid High Tech Program was developed with this particular child in mind," Watson told the Human Services Committee. According to Watson, no one thought the child would live beyond a few years. But what happened, she said, is the child thrived at home.

Watson said the program initially was considered a transitional program. "The thinking was that this child and others like him would die at young ages." But that is not what happened. "The program allows a child to be in the home environment where experience has shown that the child thrives," she said.

Watson told the Human Services Committee that many of the children who started with the program as babies are now young adults with active lives but still in need of home care services.

In order for the agencies to continue to provide the services needed for the program, Cobb told the House Appropriations Committee, the state should increase the rates paid significantly. According to VAHHA data, the average cost per year for home care service is \$64,004 per patient but the agencies get paid only \$49,105, an average loss of \$14,899 per patient.

"The bottom line is the agencies simply cannot sustain these losses," Cobb said.

The total rate increase since 1990, when the program began, is only 10%, Cobb said, less than 1% per year. In the meantime the average wage for a home care nurse increased from \$12.43/hr in 1990 to \$23.55 today, a 89.46% increase. Wage increases for home health aides and LPNs have also increased significantly since the High Tech Program began. Home health aide wages increased by 77% from 1990 to 2006 and the LPN wages rose by 66.52% over the same period.

Travel costs, which comprise a large part of the home care budget, rose 30% from just 2001.

Currently there are 87 patients on this program. The total cost, including the medical equipment needed, hospital care, drugs and school expenses, exceeds \$10 million.

"The cost is high but the needs are very high. Without help most of these young people could not do the simple chores that the rest of us take for granted," Cobb said.

Theresa Wood of the Department of Disabilities Aging and Independent Living said the total hours of care approved each week for these 87 patients is 2,878 hours of nursing care and 675 hours of high tech services.

"These are very high needs people," Wood said. Of the 87 patients, 17 are under 20 and 16 are 20 years old or older. Wood said the program has been in existence for over 20 years without any major redesign but that recently a committee of parents, providers and the state has been formed to see if the program can be run more efficiently.

The two major agenda items for the committee include rates and staffing as finding staff for the odd hours - evenings and weekends - has been difficult.

visit www.vnavt.com
for information on homecare
in Vermont

RAVNA Names Graham Employee of Year

The Rutland Area Visiting Nurse Association & Hospice (RAVNAH) recently recognized hospice nurse Marilyn Graham as its 2005 Employee of the Year. Graham, RN, BSN, a 19-year employee of RAVNAH, was honored for her commitment to the agency's hospice program and the patients she serves.

Also honored were recipients of RAVNAH's *HEALTH Matters* awards, an employee recognition program

for service excellence. Betty Bishop, RN received the *Honesty* award; Susan Patillo, BSN, *Excellence*; community health co-coordinators Susan Beraldi, RN and Janet Williamson, RN, *Attitude*; hospice volunteer coordinator and community relations associate Randi Cohn, *Leadership*; supply clerk, Sharon Bailey, *Teamwork*; and home care aide Beverly Dennis, LNA, *Helpfulness*. Employees are chosen and recognized by their peers.

VPQHC to Develop Guidelines for P4P

The Vermont Program for Quality Health Care is in the final stage of developing guidelines for Pay-for-Performance programs (P4P). VPQHC convened a working group earlier this year to develop the guidelines. VAHHA has been an active member of the committee.

VPQHC has a contract with the Health Care Administration of Banking Insurance Securities and Health Care Administration to develop guidelines for pay-for-performance. BISHCA wants the rules to be flexible, valid and reliable, and geared toward outcomes. The general consensus at the first meeting of the committee was that since P4P is at its very beginning stage of development, the rules should cover quality assurance but not be so detailed that they prescribe exactly how P4P should work. Instead, state rules should include patient and buyer safeguards but not mandate what program should qualify and what outcomes should be measured.

The committee should finish the final draft sometime this Spring, according to Cyrus Jordon, the Medical Director for VPQHC. BISHCA will then consider the findings and determine whether to incorporate them into state guidelines.

Pay for Performance program are being developed for all health care providers including home care. Medicare

P4P for home care, however, probably is several years away although pilot projects could be consider as early as next year.

Health Spending to Reach \$4 Trillion by 2015

According to a recent article in *USA Today*, the nation's total health care bill by 2015 could exceed \$4 trillion. Consumers will foot about half the bill, the government the rest. Hospital costs will rise more quickly than previously anticipated, reflecting a construction boom for urban hospitals. Meanwhile, drug costs are expected to be lower because of a greater reliance on generics, and because insurers administering the new Medicare drug benefit were able to negotiate steeper discounts than previously anticipated.

Medicare spending will more than double, from \$309 billion in 2004 to \$792 billion, in 2015. Medicaid spending will grow from \$293 billion to \$670 billion during the same time span. Spending on nursing homes will grow from \$121.7 billion in 2005 to \$216.8 billion in 2015. Home health will grow from about \$49 billion last year to \$103.7 billion in 2015. Home care continues to represents the nation's fastest-growing sector in health care.

Investigation - Continued from page 1

any other state and the costs here are consistently among the lowest in the nation. We are proud of this system and we hope to continue to provide universal access to a full range of high quality, low cost home health services," Cobb said.

The Department of Justice, in citing the new state home care law as key to its dropping the Vermont investigation, stated in a press release that was sent November 23: "Vermont's new legislation provides some state government

oversight of the home health agencies, authorizes redrawing the territories to allow for additional competition and creates mechanisms for the state to supervise the agencies."

"As far as we know, this is the end of what was a very difficult and frustrating year," Cobb said. "The cost in both dollars and staff time for all the agencies plus VAHHA was enormous."

Home Care Developing Gold Star Program

The members of the Vermont Assembly of Home Health Agencies are developing a “Gold Star” program based on a similar program used by Vermont’s nursing homes. The goal of the program is to recognize home health agencies that employ Best Practices for recruitment and retention of caregivers, particularly direct care staff.

Research in Vermont and elsewhere has shown that by creating an employee-centered business a home care agency can improve recruitment and retention rates. Successful recruitment and retention, in turn, contribute to improved quality of care for home care patients and improved employee satisfaction.

A committee comprised of agency administrators, clinical staff, direct care staff and human resource directors

from several home care agencies has been meeting regularly since January to develop the program.

“The benefits of participating in this project include identifying best practices in the home health care industry to support the recruitment, development and retention of direct case workers,” said Ron Cioffi, CEO of the Rutland Area VNA & Hospice. Cioffi is a member of the VAHHA group that is writing the best practice manual.

The project is being run with the help of Flint Springs Consulting and the Coalition of Vermont Elders.

The goal of the project is to present the program in May with the application process in June and selection and recognition of the Gold Star recipients in December.

Franklin Home Health Receives State Human Services Award

Agency of Human Services Secretary Michael K. Smith recently announced that the Franklin County Home Health is a recipient of the Secretary’s Community Awards for “extraordinary contributions to the health and well-being of Vermonters.”

“Franklin County Home Health, led by Executive Director Janet McCarthy, reaches a wide variety of individuals, children and families. They have a wide range of programs and services focusing on improving the health and well-being of community members from birth to the last stages of life. Their services are extraordinary in their scope and quality. In addition, FCHH has assumed responsibility this year for coordinating services from various organizations for clients in very difficult situations. FCHH is the consummate collaborator, and is eminently skilled in working to prevent crises and assist across a variety of transitions that reach from expectant families to the elderly,” reads the awards letter.

Of the fourteen award recipients, eight were recognized at regional receptions on December 12 in South Burlington and Montpelier. The six remaining recipients were honored in January at receptions held in Springfield and Rutland. “I am pleased to have this opportunity to recognize the exceptional work of our partners in the community and to call attention to the wonderful human services work done in our communities each day,” Secretary Smith said.

These awards will be granted annually to individuals, work teams, and organizations from outside of State Government who work closely with the Agency of Human Services to serve and support Vermonters. “As I travel around the state I see firsthand community partners, individuals, and agency staff who touch the lives of Vermonters each and every day. We don’t say ‘thank you’ enough and there are a

lot of community partners who deserve to be recognized. These awards give me the chance to do just that,” Smith said.

Information about all fourteen award recipients is available on the Agency of Human Services website at: www.ahs.state.vt.us/docs/Brochurep.doc. The AHS Secretary’s Community Awards recognize: “The individual, team, or organization that has made an extraordinary contribution to the health and well-being of Vermont citizens and exemplifies one or more themes of the Agency reorganization.” Those themes are: Collaboration with Key Partners, Respectful Service, Emphasis on Prevention, Access to Services, Effective Service Coordination, Flexible Funding to Address Gaps in Services, Support for People through Transition, Services before a Crisis, Information Systems and Communication, and Continuous Improvement and Accountability.



(L-R) Pam McCarthy, AHS St. Albans Field Director, Janet McCarthy and Jodie Archambault of Franklin County Home Health, and Agency of Human Services Secretary Michael K. Smith

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