

MISSION

Healthy at Home provides quality, compassionate home care in a professional and courteous manner to all clients regardless of economic, social, or physical status.

AGENCY

A non-profit home-care agency, Healthy at Home (HAH) is passionate about helping clients handle health challenges and live full, happy lives at home. Since 1997, our staff has provided consistent home health and daily-living care to low-income, homebound individuals. Despite health challenges, our clients retain their dignity and maximize their independence. We pride ourselves in helping the most vulnerable individuals in Greater Nashua, NH stay healthy in their homes, with the large majority of our 250 annual clients being low-income and underinsured. Healthy at Home never charges our clients on top of what insurance reimburses, even though insurance often does not cover the full cost of care. Without Healthy at Home, many would not be able to afford home care, lose their independence, and move into long-term care institutions.

Healthy at Home provides both home health care and daily-living care. The former (20% of services) includes skilled nursing, Physical Therapy, and Occupational Therapy, and often occurs following an acute illness or injury. These services replace more costly stays at skilled nursing facilities. Daily-living care (80% of services) includes everything from basic health monitoring to help with getting out of bed, picking up prescriptions, and preparing meals. Trained home health aides or personal care service providers, supervised by nursing staff, provide these services, which typically replace life-long stays at assisted living facilities. Across all services, our clients and caregivers build solid, trusting, and at-times life-long relationships.

Home care is the preferred mode of treatment by nearly all stakeholders, including families, insurers, providers, and, of course, clients themselves. Our services ensure clients receive proper care from a trusted caregiver, while avoiding hospitals, institutions, and nursing homes—as well as these alternatives' high expenses. For the average client, home care is a fourth the cost of assisted living, a sixth of the cost of rehabilitation facilities, and a fifteenth of the cost of a hospital stayⁱ. Routinely cared for, our clients also require fewer emergency services and better maintain their health and independence.

Healthy at Home is also a member of the Partnership for Successful Living. One of the largest health and human service collaborations in the state, the Partnership helps individuals and families combat the diverse factors that may force them into homelessness. To reduce costs and collaborate more effectively, the nonprofits of the Partnership for Successful Living share a Board of Directors, a President/CEO, and development, accounting, HR, and IT staff. For Healthy at Home clients, Partnership entities provide housing, substance use treatment, primary and behavioral healthcare, and HIV/AIDS case management. The model is unique, and allows us to address all the threats to our client's independence, dignity, and health.

DAILY-LIVING CARE PROGRAM

NEED. Cost-effective and patient-focused, daily-living care is often the best choice for many. Yet, for the most vulnerable, it is often unattainable. Low-income individuals are more likely to need such services: they have, for years, prioritized family, food, and shelter over their health, and as a result have developed disabilities and chronic conditions at twice the rates of the general population.ⁱⁱ They become homebound, and need assistance in preparing meals, cleaning, and going to the

market, pharmacy, or medical appointments. Many have no family to help; others have family members who all work.

Yet, despite the need, daily-living care is unaffordable. Across the country, most individuals pay out-of-pocket for daily-living care or purchase costly add-on insurance. Low-income individuals are unable to afford these extras, and are thus more likely to leave their homes for assisted living facilities—even it can cost thousands of more dollars per month.ⁱⁱⁱ New Hampshire’s response—Medicaid’s Choices for Independence (CFI)^{iv} for individuals with incomes less than \$17,000^v—is vastly insufficient. By the calculation of AARP, NH spends less per capita on low-income individuals in need of daily-living care *than any other state in the country*.^{vi} By our agency’s calculation, average daily-living costs exceed CFI reimbursements *35% per visit*. Area home care agencies are unable or unwilling to lose \$18^{vii} per visit and refuse care to the most vulnerable.^{viii}

For low-income individuals, this situation is sadly predictable; high-incomes have long meant better care. In Greater Nashua, low-incomes correlate to a 20 year discrepancy in life expectancy. But we must and can do more to ensure low-income homebound individuals retain their dignity and maximize their independence. We must provide equitable, compassionate daily-living care to the most vulnerable.

PROGRAM. Healthy at Home provides daily-living care to the most vulnerable homebound individuals in Greater Nashua. For daily-living care, we train and maintain a robust staff, including personal care support providers, home health aides, and supervising nurses, to provide an annual 150 clients assistance with: health monitoring, personal care (e.g., bathing, dressing, grooming), equipment training (e.g., walkers), nutrition maintenance, sanitary and physical precautions, record keeping, and family education.^{ix}

Our caregivers work hard to build a solid rapport with clients. From the beginning (typically within 48 hours of request for assistance), staff develop a unique care plan by teaming up not only with healthcare providers but also with family members and clients. Through such collaboration, we provide appropriate, long-term care and prepare for any changes in health or family circumstances. On average, clients receive three weekly visits between 2 and 3 hours each. In some cases, we are our clients’ most frequent visitors.

Typically, home care agencies serve, at most, 30% Medicaid clients, because (as described above) the reimbursement rate is lower than the cost of delivering services. However, 63% of all Healthy at Home services are for daily-living care (partly) reimbursed via the Medicaid CFI waiver. Our clients typically have incomes of less than \$17,000 per year and live with a variety of chronic conditions, such as schizophrenia, multiple sclerosis, COPD, paralysis, and cardiac conditions. Due to the inaccessibility of health care over their lives, clients are surprisingly young: the average age is just 63.

OUTCOMES

Each year, Healthy at Home strives to serve 150 individuals through daily-living care; nearly all of these clients are low-income and underinsured (Medicaid CFI). For these individuals we provide approximately 15,000 units of service (care visits), at approximately 3 hours each. These visits are the key to helping clients continue living at home and avoid assisted living, which may be against their wishes and more costly to them, their families, and the community.

Home health providers follow a set of outcome measurements, known as OASIS (Outcome and Assessment Information Set), which are standardized by the Centers for Medicare and Medicaid Services (CMS).^x Among patients who require daily-living care, we expect to see improvements in:

- bathing and hygiene,

- bed transfer,
- ambulation/locomotion,
- medication management,
- breathing,
- pain,
- skin, and
- mental status.

Home care also helps reduce acute care hospitalization, re-hospitalization, and emergency department use. Among qualifying patients, home health visits are at least as effective as office-based care in reducing hospital admissions and ER visits. A 2017 study by Indiana University's Center for Aging Research and the Regenstrief Institute even found that patients who received home health visits after being discharged from a skilled-nursing facility were less likely to be readmitted to the hospital within 30 days than patients who visited an outpatient provider.

Financially speaking, these outcomes greatly reduce the cost of health care to the community. For the average client, home health is much less costly than assisted living (by a factor of four), skilled-nursing facilities (by a factor of six), or hospitals (by a factor of 15). Particularly as NH ages (and we are rapidly becoming one of the grayest states),^{xi} home health care of all types—especially for those most vulnerable—is essential in curbing the costs and heartache of end-of-life care.

FUNDING

Across service platforms, Healthy at Home strives to receive maximum reimbursements from insurers, including Medicaid, Medicare, Veteran's Choice, and private companies. Some clients elect to pay privately for services.

Serving clients on Medicaid CFI incurs substantial cost to the agency, and to cover the costs, Healthy at Homes has become exceptionally streamlined. Based on list prices for all services, Healthy at Home should have a \$400,000 deficit.^{xii} Yet, with just \$30,000^{xiii} of community support, we can realize a balanced budget. Healthy at Homes accomplishes this by maximizing revenue through contract agreements with local partners (such as Harbor Homes and Greater Nashua Mental Health Center), membership in the Partnership for Successful Living (which reduces administrative expenses), and taking advantage of bundled payments. These measures help us subsidize at least \$300,000 of daily-assistance care for the most vulnerable.

Historically, supportive funding is provided by local cities and town, rotary clubs, and private donors. A development director is joining the Partnership for Successful Living in winter 2020, and will help maximize donations. At a \$15 subsidy per visit, a gift of \$10,000 helps cover approximately 650 visits.

CLIENT STORY*

Host a radio show, or investigate homicides. Most people pick neither. Jack picked both.

For years, Jack rode the airwaves of country, rock, and talk radio shows through New Hampshire and Greater Boston. At night, though, he would come home and listen—his apartment shared a wall with the police department. He was fascinated by the goings-on, so when a friend from next door invited him on a small detail job, he said yes.

Soon Jack was in the force full time. Even as a patrolman, Jack helped solved cases quickly, and as a detective he worked through twelve grim murder cases. At the same time, he never lost his passion for

radio, and his show, live from his home studio, was picked up by several local stations. (By order of his chief, he used a pseudonym.) Finally, after more than 20 years with the police, Jack returned to the radio full time as a talk show host and a station manager.

The studio chair, however, proved worse for Jack's health than criminals. In 2009, at the age of 62, he had a heart attack, and while at the hospital, Jack's doctor, who happened to be an a.m. listener, advised him of the links between stress, cardiac issues, and Jack's particularly rousing morning talk show. To both their displeasure, Jack had to quit radio.

Jack's health continued to decline. No longer able to work, he became legally disabled. Blood clots formed, diabetes developed, and finally his legs were amputated—all before he was retirement age. Unfortunately, his sisters both lived too far away to help, and to make matters worse, he had lost the majority of his pension during his divorce. Without other resources, he now qualified for Medicare and Medicaid. Given his family, financial, and insurance situation, institutionalization became a real threat.

Or it would have without Healthy at Home. From the beginning of Jack's health issues, Healthy at Home staff provided the home care he needed to live independently. One nurse, Craig, came every week—for nearly a decade. Homemakers, and later LNAs, made sure Jack's cupboards were stocked, his living spaces were sanitary, and he himself was ready for the day. Even when Jack was in the hospital, Craig would visit, not only to check his health, but to check on him.

These days, instead of the airwaves, Jack rides a scooter. It was a gift from Craig before he moved to Phoenix, and it belonged to his late father. Craig and Jack still talk once a month on the phone. Jack takes the scooter downtown to pick up meds and see the sights. When it is nice out, he rides through the park. All and all, Jack is not resentful, despite his health. "I've lived a good life," he says.

At eleven years, Jack is one of Healthy at Home's longest-served clients. "I'd recommend them to anyone," he says. "I know everyone there, and they know me." Staff at Healthy at Homes are equally complimentary: Jack, the disc-jockey detective, is a rare man, and they are proud to help him stay independent from week to week and year to year.

**Name and some details changed for privacy*