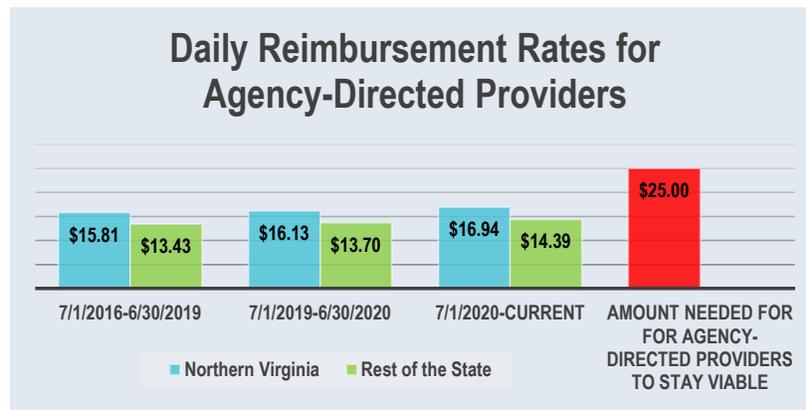


## FIGHTING FOR VIRGINIA'S MOST VULNERABLE POPULATIONS

### **AGENCY-DIRECTED PERSONAL CARE PROVIDERS DESERVE MORE EQUITABLE REIMBURSEMENTS, VIRGINIANS MUST MAINTAIN FREEDOM OF CHOICE FOR COMMUNITY-BASED CARE**

- Virginia has among one of lowest Medicaid reimbursement rates in the nation for agency-directed personal care.
- There are more than 550 agencies operating as personal care providers in Virginia. These agencies oversee caregivers for 30,000 of Virginia's most vulnerable population.
- Caregivers who provide agency-directed personal care deserve a livable working wage. The work they perform is essential and requires compassion and care.
- A higher reimbursement rate is necessary to offset costs that resulted from the pandemic, including the exponentially increased costs of personal protective equipment (PPE) necessary in order for these caregivers to perform their job safely. Virus outbreaks are less likely to occur in an in-home setting than an institutional setting such as a hospital or nursing home.
- If not properly funded, many agency-directed providers will be unable to continue providing care to Medicaid patients. Properly funding the agencies ensures that the freedom of choice for community-based care is not diminished.
- A higher reimbursement rate would help agencies cover an anticipated and deserved increase in minimum wage (up to \$9.50, effective May 1, 2021) for their dedicated caregivers. As the minimum wage continues to increase, agencies will need to stay ahead in order to pay competitive wages.



These critical reimbursement funds are necessary to cover essential costs for caregivers that include:

- ◊ Oversight by a registered nurse (RN), a licensed healthcare professional
- ◊ A certificate, as mandated by the state, that demonstrates competency
- ◊ Defined continuing education requirements
- ◊ Training that demonstrates skills required on the job

AND critical reimbursement funds are necessary to cover essential costs for the agencies that support these caregivers:

- ◊ Individual licensure by the Virginia Department of Health (VDH) based on geography
- ◊ Resources to maintain key business aspects, such as conducting background checks; facilitating placements; retaining staff that can be available 24 hours a day, seven days a week; and cost of the mandatory Electronic Visit Verification software that is necessary for agencies to submit claims to six managed care organizations and DMAS
- ◊ Significant administrative paperwork in order to coordinate Medicaid reimbursement through multiple payers

**Without critical Agency-Directed Personal Care Providers and their dedicated and compassionate caregivers, the state of Virginia would incur significant additional administrative and management expenses. Personal choice, efficiencies and compassionate in-home care by qualified professionals demand our attention and financial support.**

For more information on the Virginia Association of Personal Care Providers and the effort to make reimbursement rates more equitable, contact Ginny Boland at [gboland@mwcllc.com](mailto:gboland@mwcllc.com) or 804-938-5099.