Petition to the State Health Coordinating Council For Adjusted Needs Determination for An Underserved Population (Mother/Baby) for Wake County, North Carolina.
2017 State Medical Facilities Plan

Petitioner Requesting Needs Determination
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Statement of the Requested Adjustment

Mother's Helper Home Healthcare, Inc. requests the approval for an adjusted needs determination for an underserved group identified as high-risk mothers and babies scheduled for Certificate of Need Review commencing in 2018 or sooner. Our petition is specific to the need for maternal-child home health skilled nursing visits to improve the health, well-being and medical outcomes of this population. In-home healthcare visits for high risk mothers and babies are an unmet need in Wake County. If granted this adjustment, our services will not only ameliorate the lives of this population, but they will decrease the amount of Medicaid tax dollars spent to care for them. Should the council agree, we want to further request limitations on providers who might apply to be child specialty agenciesin order to prevent the delay of home health services to this special needs population. Providing in-home prenatal, postpartum, lactation and medical care/teaching to high risk mothers and babies will improve positive birth outcomes while decreasing the number of high cost hospital admissions/readmissions, extended hospital stays and repeated physician visits. This, in turn, will decrease the demands on an already overburdened Medicaid system. Medicare certification is requiredin order to provide home health services through Blue Cross Blue Shield (BCBS), AETNA, Tricare, and Medicaid. While it's generally thought that any Medicare-eligible receipient would be 65 or older, Medicare does cover some categories of recipients among the disabled. Per DMA Policy and Regulatory Affairs an is example: The neonate hospitalizations include all NICU level 3 & 4 and PICU inpatient stays in the first four weeks of life whether these were the initial hospital stays immediately upon birth or a subsequent readmission. Medicaid covers about 55% of the births in

North Carolina, about 65,000 to 70,000 births per year. Readmissions are not counted only once in a fiscal year. (Virginia R. Niehaus, JD, MPH, DMA, Policy + Regulatory Affairs, DHHS

Mother's Helper Home Healthcare History

For the past 20 years, Mother's Helper Home Healthcare, Inc. has provided limited specialty maternal/child services under our current NC home care license. We started in October 1995 in the Fayetteville/Ft. Bragg area and worked under non-profits such as the Armed Services YMCA and a grant from the Kathleen Price Bryan Foundation to provide in-home support for military mothers for needs including prenatal bed-rest and support for profilers who were at risk for child abuse. We became licensed in NC as a home care agency in 1997 and expanded to Raleigh in 2005. Tricare Healthnet and our agency provided the first home health lactation counseling in the nation in 1999. Mother's Helper Home Healthcare, Inc. is at its maximum operating licensure within our regulations and presently offers the following services: personal care services, home infusion, Community Alternative Program for Children (CAP-C) and private duty nursing. Our agency desires to expand our services to the underserved mother/baby population. Our agency has qualified healthcare practitioners who can provide specialized mother/baby home visits for this unmet need if granted a certificate of need.

Justification for the Proposed Adjustment

In-home skilled nursing visits for the mother-baby dyad can reduce the cost and incidence of complications related to high-risk pregnancies, medically fragile mothers/babies, substance abuse mothersand premature delivery. For example: ordering a mother to bedrest at home with a home health care agency is much more cost effective and less stressful for the mother than having to admit her to the ante partum unit in a hospital; or, having to care for a baby who has suffered complications due to lack of prenatal care in the Neonatal Intensive Care Unit (NICU) can be costly. One example of a high risk pregnancy profiler is a substance abuse mother. For the delivery of management and evaluation of the

plan of care requires an registered nurse to ensure that essential non skilled care and all public health resources achieve its purpose.

If in-home skilled nursing visits for the high-risk mother/baby population in Wake County is not made more readily available, many adverse effects may ensue.

Adverse effects include but are not limited to the following:

- Non-compliance to physician's order for bed-rest
- Disruption of the family unit
- Potential abuse issues
- Preterm delivery
- Increased infant morbidity and mortality
- Postpartum Depression
- Ineffective bonding and breastfeeding
- Cost of NICU and PICU hospitalization
- Lack of education & parental involvement

- **Non-Compliance**

  Non-compliance to a physician's order for bed-rest due to prenatal complications such as pregnancy induced hypertension or preterm labor can result in even more complications for the pregnant mother and/or her baby. Medical issues such as these can be more aggravated by the demands and tasks of running a home, especially for a single or unsupported mother or substance abuse mother during the prenatal period. Implementing and supporting a physician's order for a mother to be placed on bed-rest in the home would be cost effective in contrast to admission to an antepartum unit in the hospital or caring for the mother or baby who has problems secondary to non-compliance.

Disruption of the Family Unit

Repeated doctors' visits and/or hospital admissions cause great disruption to the family unit. If the high-risk mother/baby receives skilled nursing care in their home, the family is able to maintain a better sense of normalcy with a less stressful environment. Even under normal circumstanceswhen a mother or baby is admitted to the hospital or has to attend numerous medical appointments, many stress factors exist; these include the need for childcare for siblings, meal preparation, housekeeping tasks, transportation,and, not to mention the emotional support the mother needs. An antepartum hospital admission increases many stress factors on the family unit resulting in a less than positive outcome for the entire family.

Potential Abuse / Neglect

If a mother has a less than optimal relationship, whether married or single, with coexisting factors as partner abuse, substance abuse, child abuse, or financial restraints, then pregnancy complications for the mother and untoward effects on siblings will be greatly increased resulting more often in a negative outcome for the mother-baby dyad. If a mother has other children with no family support, then the stresses of an inpatient admission increases the adverse effects on mother's health potentiating the likelihood of a preterm delivery.

Preterm Delivery

According to the CDC, preterm birth affects 1 out of 10 infants born in the United States, and preterm births occurring before 32 weeks is the greatest contributor to infant death. Infants born prematurely suffer from breathing problems, feeding difficulties, cerebral palsy, developmental delay, vision problems, and hearing impairments (CDC, 2015).With preterm deliveries a multitude of problems become realities such as infant morbidity, mortality, extended hospital stays in the NICU or PICU, separation of the mother-baby dyad potentiating a negative bonding and breastfeeding experience
and the loss of the envisioned birth.

Postpartum Depression

Mothers having lost their dream of the perfect birth experience consequently go through the grieving process, sometimes successfully other times not so successfully. This emotional experience can sometimes result in psychological therapy post-delivery related to the traumatic birth, and the depression a

mother experiences. The literature more than addresses this issue of postpartum depression, if not treated, leads to postpartum psychosis. Postpartum psychosis can result in the death of mother, siblings and infant.

Ineffective bonding and breastfeeding

The psychological problems are many because of the traumatic birth. Such problems include the lack of a positive bonding experience, the inability or barriers to breastfeed their infant only contributes to ineffective bonding and the failure of breastfeeding success. When a mother is able to initiate skin-to-skin within the first hour after birth, "The Golden Hour", hormones that influence bonding called the "love hormones" are released which bring a mother and baby together in an positive bonding relationship which is unbreakable and provides the infant with protective factors, and natural nourishment; but when an infant is born preterm or has medical complications from a traumatic birth this bonding and breastfeeding is hindered or does not occur. If a mother does not breastfeed skin-to-skin the "love hormones" are not released, andthe "Golden Hour" does not occur; the infant is denied the protective factors and nourishment the infant so desperately needs to grow and develop.Thus, the likelihood of these barriersoccurring can put into motion a cascade of adverse effects for the mother and the infant. Without Lactation Counseling in the home as a **skilled nursing visit as** most mothers will typically experience a burden to look for childcare for their existing siblings in order to attend the inpatient visit. This would deter their commitment as many people do not like revisit hospitals and clinics. The information retained from lactation consultants in the hospitals is limited.

The obstetrician typically sees this mother at 6 weeks postpartum. Most pediatricians' offices do not have this type of specialty lactation nurse. The Affordable Care Act mandates that every pregnant mother is eligible at no cost lactation counseling and an electric breast pump. At this time, WIC is the only governmental resource available for outpatient services. WIC does stipulate that they will issue a breast pump after four weeks of exclusive breastfeeding; however the ACA does not require this delay. Tricare Healthnet reimburses our agency for lactation counseling as a skilled nursing visit. They also reimburse

breast pumps prior to delivery as the ACA does not have a wait time in their agenda. Most mothers need to learn how to utilize both natural nursing and storing milk by lactation counselors due to the reentry of workforce.

Mother's Helper has Masters prepared nurses with IBCLC certification who will work with mothers and infants in a one-on-one relationship to improve the bonding of the mother-baby dyad to achieve and sustain successful breastfeeding.

Cost of NICU / PICU Admissions

Some of these high-risk special needs are in the NICU. According to (Park, 2015) a NICU inpatient stay can cost $10,000 per day depending on the level of care. According to the NCBI, the cost of a NICU care can range from $1800 to $2,500 per night. Mother's Helper wishes to decrease the staggering cost of NICU hospitalization by providing in-home care to identify and prevent medical complication.

Our staff will provide in-home care by qualified nurses with NICU experience.

Education and Parental Involvement

The education prior to discharge is limited related information overload, andassessment of the parent's ability to be actively involved in the care of their infant can definitely result in adverse events and hospital readmissions.

Complex issues are not being addressed in their natural environment. Without qualified in home skilled nursing visits to provide evaluation and observations for further reinforce of the medical diagnosis, medications, new equipment, warning signs of complications and accidents this child is at risk for readmissions to acute care due to the low competency by their primary caregivers.

Existing Resources do not supply in home support with personal care services, private duty nursing, home infusion or in home skilled nursing.

To prevent this from occurring, our trained professionals will provide much needed education in how to competently care for their infants. This one-on-one education in the home setting with return demonstration of needed interventions will instill confidence in the parent's ability to care for their infant

in a loving and competent manner. This in-home education to the parents and their involvement will reduce long hospitalizations; readmissions; thereby, reducing the financial burdenon our present Medicaid system and providing positive outcomes for our mother-infant dyads.

Preventive Care Public Health Priority

Preventing the onset of early deliveries, and reducing the risk of infant mortality for this special group of people, should be a public health priority. Measured outcomes are needed tovalidate the use of the Personal Care Services for the mother-baby dyad. By exploring this preventive care model, our state will significantly reduce costs to the Medicaid system and associated agencies that presently provide prenatal care for high-risk pregnancies resulting in relief to our taxpayers.

Duplication of Services The intent and spirit of this proposal is not to duplicate existing services provided by the Pregnancy Medical Home and our health departments. Our home office is in Raleigh in Wake County. Our second location is in Fayetteville in CumberlandCounty where we are presently servicing our military dependents through TriCare.

We view our agency as a vehicle to enhance any existing services and /or provide services that are non-existent in these areas for special needs mothers and babies. Our healthcare providers-nurses, social workers, case managers- are continually over worked and are in need of a resource like Mother's Helper Home HealthCare Agency.

Basic Principles of the North Carolina State Medical Facilities Plan

The adjustment petition that Mother's Helper Home Health Care Agency is seeking is in keeping with the three basic principles of Safety, Quality, Access and Value that govern North Carolina State Medical Facilities.We wish to come alongside the existing agencies providing help in meeting our humanity and healthcare responsibilities. In so doing we will be able to reduce the heavy workload of other nurses and provide care that exceeds the basic principles. We have qualified personnel to meet the after delivery care needs of the special population for high-risk moms and infants. To our knowledge there are no existing