

Committee on Health
Chair, Yvette Alexander
Department of Health Care Finance
Performance Oversight Hearing
March 6, 2014

Comments prepared by: Judith Levy
DC Coalition on Long Term Care
4125 Albemarle St., NW
Washington, DC 20016
Phone: 202-895-9435
jlevy@iona.org

Good morning Chairperson Alexander and Committee members. My name is Judith Levy and I am the coordinator for the DC Coalition on Long Term Care, a partnership of providers, consumers and advocates who volunteer their time and efforts to work toward improving and expanding the quality and options for long term care services here in DC. Thank you very much for the opportunity to talk to you about the Elderly and Persons with Disabilities Waiver Program also known as the EPD Waiver.

The DC Coalition on Long Term Care and the Senior Aging Network are concerned regarding the dysfunction of the long term care service programs funded by Department of Health Care Finance. In particular we find that the EPD Waiver program which should be a model of service for those resident needing service has been poorly run with very little oversight regarding quality and delivery of service. Neither the DHCF Long Term Care Division seems to understand what is meant by person-centered services. Home and Community based services is a vital part in making the District of Columbia an age-friendly city, a goal of Mayor Grey.

The current program lacks clear process and transparency. Case managers in the

Senior Aging Network are rarely included in information sessions even though they are the basis for many of the referrals. Clients should not have to wait over 6 months for service when their need is immediate.

A social worker at Iona Senior Services called DHCF on December 5 to place her client on the EPD Waiver wait list. When she called back on January 23 to check her client's status, the same DHCF staffer who took the name in the first place said the client was not in the computer system and reentered her name. Repeated phone calls since then have not been returned. Today – three months later – this Ward 3 resident languishes in Waiver wait list limbo even as the department has publicly declared – yet again – that there is no waiting list. Madam Chair, you were told in writing to your oversight questions, quote, “As of February 11, 2014 there are 0 individuals on the waiting list for EPD Waiver services. Yet, the Ward 3 resident is still on this non-existent waiting list.

DHCF has consistently indicated that they are improving the process but it is difficult to see results. Communication between all the parties involved in this process appears to be broken. Delmarva, responsible for certifying the level of care does not appear to understand that many of the referrals comes from case managers in the Senior Aging Network Providers and case managers or home care providers do not seem to understand the rules. Recently two clients received notification from their home care agencies that they will stop providing services because they did not have Medicaid enrolled primary physicians. Since this is a new requirement it would seem that providers could not just stop services. In addition sending letters to clients who may well be cognitively and physically impaired is inappropriate. The

EPD case manager should be handling this problem. In addition it is still not clear how ADRC is supposed to perform in this process. There seems to be no attempt to follow the guidelines including time frames established by DHCF and found in the EPD Waiver Participant Handbook. Not only is no one held accountable; DHCF does not appear to be monitoring provider or staff compliance.

It have been difficult to actually know vacancy rates since the data shared is always months behind and appears significantly below capacity. We are concerned that over the past few years while the DHCF used the waitlist as an excuse for not operating the program properly, residents of the District did not get services that they needed leading to a worsening of their problems and possible nursing home placement which could have been avoided.

The response we have gotten from DHCF has not always been positive. They seem to believe they have a clear process in place even though we have given them examples that the program is not functioning properly.

Thank you for your consideration of these comments.