

March 9, 2015

**Testimony of Malika Moore, LICSW, social work case manager, Iona Senior Services, Ward 3**

**Before the Honorable Anita D. Bonds, Chairperson, D.C. City Council Committee on Housing and Community Development**

Councilmember Bonds, thank you for granting me the opportunity to speak to you about the EPD Waiver program. My name is Malika Moore and I am a social worker at Iona Senior Services in Ward 3. (Does this count in the 2-3 minutes? I am having a really tough time continuing to shorten this document. Let me know.)

The seniors I typically serve live alone, and have only enough money to pay their rent and/or buy food. For these seniors, the Waiver program is their only hope to provide essential in-home care that allows them to remain safe and independent.

I present to you Ms. J., a frail, 97-year-old woman, who is an amputee bound to a wheelchair. She has difficulty managing daily tasks, such as bathing and medication reminders.

In the past year, Ms. J. fell twice, which required her to drag her frail body from the bedroom to the front door of her apartment. She then gathered the strength to yell as loud as possible, until someone heard her desperate cry. Ms. J agreed to the Waiver program, which I explained would provide her with, not only a home health aide, but also a personal emergency response system, PERS, at no cost. In the event of a fall, the PERS would allow help at the touch of a button.

In April 2014, I contacted the Aging and Disabilities Resource Center – ADRC – to place Ms. J on the waiver’s waitlist. As community social workers, we have been told that citizens can handle enrollment themselves.

In June 2014, the Waiver Case Manager completed her assessment. Ms. J was not able to answer any questions, which greatly required my assistance. In September 2014, after no update,

I contacted Delmarva and was informed that Ms. J's case had been closed, due to missing information. None of the stakeholders, including myself, reported being contacted of this delay.

My client finally received a home health aide December 2014, but not the PERS. The home health agency explained the PERS was ordered November 2014. After further advocating, the client received PERS in February 2015.

Seniors cannot navigate this intricate system alone. Long waits for service cannot be justified considering the Waiver program runs a chronic vacancy rate of 33 percent.

Ms. J represents other seniors who are in desperate need but are forced to wait months. Please hear their cries.