

TESTIMONY BEFORE THE COMMITTEE ON HEALTH

THE HONORABLE DAVID CATANIA, CHAIR

Submitted by Randolph P. Smith, Licensed Graduate Social Worker in the District of Columbia

Chairman Catania, other members and staff of the Committee on Health, thank you for allowing me to speak. My name is Randy Smith and I am a social work case manager at IONA Senior Services, the lead agency for the elderly in Ward 3.

Today, I am appealing for your assistance in helping a life-long District resident return to her apartment of more than 40 years. My client is literally caught in a bureaucratic maze, languishing in a nursing home where she does not need to be. Miss L. has a heart condition and is somewhat frail. She does not need round-the-clock care, but she does need around 8 hours a day of help with her daily needs. This is help she cannot afford on her ~~because she cannot afford to pay for a home health aide for maybe eight hours a day.~~ Her Social Security income of \$1,580 per month.

Miss L. would ~~qualify~~ ~~ies her~~ for an aide under the EPD Waiver program. But, as you know, that program is frozen and Miss L is well down on its waiting list. As a result, District taxpayers are paying to warehouse my client in a nursing home when it very likely would cost half as much to let her go home – which is her increasingly desperate wish.

Miss L

Miss L is 95 years olds a 94 year old Caucasian woman, a retired, a breast cancer survivor, and an artist who has a rent-controlled apartment she can afford

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in Cleveland Park. She grew up in Washington, attended DC public schools, and graduated from Central High School in the 1930s. She attended business school in Washington and spent her entire working career here. Miss L never married and her only living relative is an 89-year-old brother who lives in California. No family members can speak to her plight and appeal to you for help because she is alone here in this city where she has spent her entire life, paying taxes and contributing to our city's vibrancy.

### **The Dilemma: Conflicting Government Programs**

Now, Miss L is caught between the conflicting requirements of different government programs for the elderly. Miss L. had a nursing home stay in late 2011 and then returned home. In early January she was hospitalized and again sent to a nursing home for rehabilitation. Because two months had not elapsed between her nursing home stays, she only had # days of Medicare coverage for a stay in a Rehabilitation facility ~~She is in a nursing home now because not enough time elapsed to recharge the 100 days she is allowed in a Rehabilitation Facility under Medicare.~~ As her Medicare Rehab days were dwindling, I helped her get moved into the nursing home wing to shield her from a bill for her stay that could potentially total \$20,000 or more. To help Miss L afford the nursing home, we have applied for Medicaid. However, under the rules of Medicaid, Miss L can only split her Social Security check between the nursing home and her apartment rent for six months. After that, Medicaid status in the nursing home would take all but \$70 of her monthly Social Security check. But if she can get help at home and leaves the nursing home, her income of \$1,580 per month is "over-income" and would disqualify her from receiving Community

Medicaid. Once she returns home to her apartment, she will be considered too wealthy for taxpayers to help her. Meanwhile, the six-month Medicaid nursing home clock ~~is~~ ~~will-ticking~~ down to June 13, so Miss L's situation grows more desperate by the day.

### **The Solution: EPD Waiver**

The solution to Miss L's dilemma is the EPD Waiver program, for which she qualifies both by income and medical need. However, Miss L is Number 566 on the EPD Waiver wait list because ~~IonaONA~~ enrolled her in the program on December 1, 2011, while she was still living in her apartment. An employee of ~~the~~ Health Care Finance ~~Administration~~ told me that no one has come off the EPD Waiver wait list since it was instituted last July. When there is no movement off a wait list for nine months, the program is effectively frozen. HCF's own documents confirm that movement off the EPD Waiver is on a "first-come, first served basis." A worker there told me there is no one in the agency to whom one can appeal a client's personal circumstances – such as that she might lose her affordable apartment if she can't get help at home very soon. Miss L also has been registered for the "Money Follows the Person" program, but she must wait until May to learn her status there.

Miss L desperately wants to go home and she could go home with a little help. She can go to ~~IonaONA~~'s Day Health Center five days a week, where she can reconnect with her artistic passion in our art classes. ~~Home Care Partners~~~~A home health agency has offered to can~~ provide her with ~~some home health aide~~ coverage on the weekends. She already receives weekend meals from ~~IonaONA~~. All she needs is an aide at home for a few hours in the morning and several hours in the evening,

Monday through Friday – exactly what the waiver program was designed to provide and does provide to nearly 4,000 other city residents.

Miss L cannot understand why she remains in a nursing home when she was only sent there for Rehab following surgery in January. The program rules and restrictions of the various government programs are so complex and convoluted that I have not even tried to explain their various nuances and requirements to her. Suffice it to say that Miss L would probably be home now if she had waited two more weeks to have her pacemaker surgery. Then, her Medicare would have recharged and would have paid for her Rehab and her in-home follow-up care from her operation. Now, due to a misfortune of timing, Miss L finds herself in a nursing home from which she cannot escape without the city's help.

### **The EPD Waiver Wait List**

For those of us on the outside, getting information about the EPD Waiver is no easy task. On March 16, I spent over one hour calling employees in the DC Department of Health Care Finance. In nearly every instance, phones went to voice mail, which referred me to another worker, who also did not answer. I called every person the voice mails referred me to and left a message. Of the 10 employees I called that day, only one answered the phone and quickly said she could not help me determine Miss L's number on the wait list. Despite voice messages saying my call was important and would be returned in 48 hours, only two of the other nine HCF employees have returned my calls in the 33 days since March 16.

Meanwhile, Medicaid's six-month nursing home clock is ticking down on Miss L and she will lose her apartment of 40 years without speedy intervention. The deadline for action imposed by Medicaid is June 13. Unless Miss L can find a way to get some help at home, she may lose her apartment and become a permanent nursing home resident even though she does not require round-the-clock medical care.

### **Chronology of Important Dates**

To understand how Miss L got into this situation, it would be helpful for the Committee to have a chronology of the important dates in her case:

**June 27, 2011** – Miss L underwent a “routine operation” to replace the battery in her Pacemaker and was sent home later the same day.

**September 12, 2011** – Miss L falls in her apartment, striking her head. She is able to call the front desk and is transported to the Emergency Room of a DC hospital and is kept at the hospital until September 16, when she is released to a nursing home for Rehab.

**September 16 – November 17, 2011** – Miss L is at DC nursing home for Rehab, which is paid for by Medicare and her own health insurance. She is released after IONA arranges for in-home care.

**November 17, 2011 – January 3, 2012** – Miss L is home with regular therapy and personal assistance care, which is paid for by Medicare. During this time, an infection become apparent in her Pacemaker site and she is taken to the doctors based at IONA, who prescribe antibiotics.

**December 1, 2011** – IONA calls the DC Department of Health Care Finance and has Miss L enrolled on the EPD Waiver wait list.

**January 3, 2012** – Miss L is admitted to a DC hospital due the infection at the Pacemaker site, which is later determined to have migrated down the wires into her heart. While in the hospital she has an operation to replace Pacemaker and, after another week, is released to a nursing home for Rehab.

**January 13, 2012** – Miss L is transferred to a DC nursing home for Rehab. Because she was not home for at least 2 months between leaving the first nursing home and her admission to the hospital for the Pacemaker infection, her Medicare Rehab benefit **did not reset**, so she has only the 40 days remaining from her original 100-day Rehab stay benefit.

**February 8, 2012** – With time running out on the Medicare Rehab benefit, Miss L is moved to the nursing home section and an application is filed for long-term care Medicaid to help her pay for her nursing home stay. The official date for Medicaid coverage to begin is February 18.

**April 19, 2012** – Miss L remains in the nursing home, waiting for the opportunity to return to her home, unable to understand why she is in a nursing home.

**Miss L: In Her Own Words**

Miss L is adamant about wanting to return home and not living out her life in a nursing home. “I couldn’t stand to live here. I don’t think I’m sick enough to be here. If I stay here, I’ll be just as bad as everyone else here,” she said on March 7, 2012.

Earlier, on February 14, Miss L said: “The doctors are taking a point that I’m too old to live alone. **I think I have the right to choose to live alone. I would prefer being by myself. I don’t want anything more to do with this place. I want to go home.**”

More recently, on March 21, Miss L asked if she was “crazy” to want to return to her apartment: “Am I crazy to want to return home? **I just came here to recover after the surgery and I’m still here all these months later. Am I crazy to think I should be home?**”