

Oversight Hearing  
Department of Health Care Finance  
Committee on Health  
March 18, 2012

Good morning Chairman Alexander and members of the Committee. Thank you for the opportunity to testify before you regarding the performance of the Department of Health Care Finance. My name is Elaine Hardee and I am the Director of Director Center Care Adult Day Treatment Center; an entity of The Washington Center for Aging Services. Our facility is located in NE Washington, DC and is managed by Stoddard Baptist Global Care, Inc. I am here to talk about the changes in the provision and funding for adult day health care provided to low income older adults in the District of Columbia.

Adult day health care, included in the Department's definition of Day Treatment Programs, is one very successful but often overlooked community-based long-term care service. Center Care has been a Medicaid provider of adult day health care for 27 years. Currently we have an average daily census of 40 participants who rely on our services for medical, social and nutritional stimulation. Over this time we have provided medical monitoring and support and structured therapeutic programming to older adults who are among the most vulnerable and frail in the District of Columbia. These individuals are all suffering from disabling cognitive and physical conditions and are certified by Medicaid as requiring a nursing home level of care. Without this support, many of the 150+ clients receiving adult day health care in four centers across the city and those who could have been served in the future will move into nursing homes or linger at home with inadequate care. Recognizing how this could adversely affect these participant's quality of life; If even 25% of the 150 people served now move into nursing homes and the remainder obtain personal care aide services under the State Plan for 8 hours per day, the Medicaid cost will increase from \$3,862,000 annually to a staggering \$8,190,415. **With our support, most can remain in the community for many years.**

As I am sure you are aware, Centers for Medicaid and Medicare Services (CMS) is requiring that the District discontinue payment for all day treatment programs, which includes adult day health care, using the State Plan methodology that has been in place for the last 30 or so years. Fortunately, there is an alternate methodology using a 1915(i) State Plan Amendment which, **if done correctly**, will allow this vital service to continue.

For the past several months we have been working with the Department of Health Care Finance on the research and development of the 1915(i). We are very grateful to be included in this process and for the Department's efforts to keep providers informed as it moves along. We understand the perilous position the office is in. On the one hand CMS has given DHCF an ultimatum and the possibility of facing significant loss of Federal reimbursement if they don't make changes ASAP. On the other hand, the process of developing a new State Plan amendment takes a significant amount of time and careful planning and any gaps in service could prove catastrophic for the frail older adults in our care as well as for the organizations working with them

As we move forward toward the finalization of the 1915(i), there are certain issues that we want to be sure Chairman Alexander and the Committee is aware of:

**Moratorium on Enrollment:** New Medicaid clients may not be enrolled in day treatment programs as of January 1, 2013. As long as this restriction is in place, we all need to understand that frail older adults seeking support in the community may be placed in nursing homes rather than being able to continue living in the least restrictive environment of their own homes.

**Continuity of Service:** If CMS decides to cut off reimbursement for day treatment programs before the new 1915(i) is in place, we will need District funds to bridge the gap and ensure continued care for the small but significant number of frail older adults to remain in adult day health care and living in their own homes.

Level of Care Changes: We understand that new processes and definitions for levels of care in the 1915i will impact level of care criteria for nursing facilities and EPD waiver participants. We urge DHCF to engage the nursing facility, EPD Waiver and advocacy community in discussions on proposed changes as soon as possible.

IDD Waiver Access: A small number of Medicaid adult day health center participants are older adults with Intellectual Disabilities as well as physical health issues. Iona Senior Services, an adult day health care provider, could not be with us on today to testify regarding their direct experience in applying for an IDD Waiver. However, Sally White, the Executive Director of Iona Senior Services, reports continuous efforts to apply for an IDD Waiver provider, but cannot apply until the new Home and Community Based Waiver rules are published and that date is unknown at this point. The individuals need to be allowed to remain in the Iona program, where some of them have been receiving excellent care for up to nine years, until the rules are published.

We thank you for your attention to the issues raised in these comments and look forward to a collaborative effort to best serve the most vulnerable Districts residents.