

TESTIMONY

FOR THE

Agency Performance Oversight Hearing on Fiscal Year 2011 - 2012

BEFORE THE

COUNCIL OF THE DISTRICT OF COLUMBIA

COMMITTEE ON AGING AND COMMUNITY AFFAIRS

THE HONORABLE DAVID A. CATANIA, CHAIR

SUBMITTED BY

Judith Levy, Coordinator

THE DISTRICT OF COLUMBIA LONG TERM CARE COALITION

IN THE COUNCIL CHAMBERS (ROOM 420)

APRIL 19, 2012

Location: John A. Wilson Building

Good morning Chairperson Catania and members of the Committee on Health. My name is Judith Levy and I am representing the District of Columbia Long Term Care Coalition and have been a member of the Coalition since the 1990s. I request that my entire statement be included in the record although in the interest of time, I will only read the highlights. I am pleased to testify regarding the District of Columbia Department of Health Care Finance. Today I will focus on the issues concerning the Elderly and Persons with Disabilities Waiver Program.

The DC Coalition on Long Term Care has worked with the DC government for over 16 years to develop and implement home and community care options for low-income DC residents with chronic care needs. Its consumers, advocates and health care providers have assisted in the development and implementation of expanded Medicaid home care; the regulations of assisted living residences and home care agencies and the improvement of the workforce essential to these programs.

Overview

The Coalition acknowledges there have been recent improvements in the Medicaid Waiver program. Department of Health Care Finance is much more efficient in processing the EPD Waiver prior authorizations which allows providers to bill for services rendered to beneficiaries in a timely fashion. Although some agencies still have a back log, DHCF's "EPD Waiver Overhaul Plan" is working with providers on an individual basis to rectify these remaining billing issues. Additionally, the use of Delmarva to review clinical data and issue authorizations has worked very well over the last few years. We recognize and support the goal that in the future assessments for the EPD Waiver will be handled by an independent organization rather than the actual organization providing personal care services. Despite some of the above improvements, there continue to be areas of concern for both beneficiaries and providers regarding the current administration of the EPD Waiver program.

Those areas are implementation of a 30-day discharge rule, the waitlist, communication from DHCF, and change requests.

New 30 day rule

DHCF has implemented a new rule that a waiver client in a Sub acute rehabilitation (SAR) facility (or any institution) for 30 days, must be discharged from the EPD waiver program. The new rule essentially relegates people who need more than 30 days of rehabilitation services to permanent placement in a nursing home. This completely contradicts the purpose of the waiver which is to provide the least restrictive setting for the recipient. Clients have pursued the Medicaid waiver services because they have a preference for remaining in their homes. If a client's rehabilitation at a facility lasts more than 30 days, the new rule effectively bars them from having the choice to return home because now the waiting list is so long. Once discharged from the Medicaid waiver program, it would take months, if not years, to rise to the top of the list again. Additionally, by defaulting to nursing home placement for this person, the city's cost of care for that client has greatly increased. Medicare guidelines allow for up to 100 days of rehabilitation services in a SAR if the beneficiary requires the continuation of therapy services. We recommend that the DHCF consider a longer period, perhaps 90 days, before discharging someone from the EPD waiver. This is particularly important for continuity of care now that a waiting list for services has been implemented.

Waiting List:

In the summer of 2011, DC's EPD waiver reached its cap of 3940 recipients. The provider community has great concerns about the lack of transparency in the way the waiting list is being managed.

- a. Only the first 500 people have received letters stating what their number on the waiting list is and the additional people have not been assigned a number, so they are unclear on their status.
- b. There is a concern that names referred for the wait-list are lost which can lead these clients being either lost or being placed on the list at a later date than when the referral was actual sent in.. One provider of case management services referred 23 clients but in following up found that 10 clients were missing from the list.
- c. Currently, DHCF has instituted a rule that providers cannot call DHCF to check on the status of their clients on the waiting list – only the client or caregiver can call. If a case manager made the initial referral, the client gave permission to the provider to represent them. In the waiver system, the case manager serves as the gate keeper and ushers the client’s application through the process. Many individuals who are in need of waiver services are vulnerable and have limited abilities to navigate a complex system such as DHCF and the referral process. We are concerned that by blocking providers from being able to advocate on their clients’ behalf, they will be lost in what is often a cumbersome system. Continued case management involvement would also help to ensure that recipients do not get bumped off the list once they rise to the top of the waiting list.

Currently the process as described by DHCF is as follows:

1. letter goes out and client has five days to respond
2. second letter is sent out by DHCF if the recipient does not respond

3. after 15 business days, DHCF calls client or personal representative
4. If no answer, then DHCF closes the slot and goes to the next person.

If an agency is also notified in the process, the client is unlikely to lose their spot due to inattention. Many of the people who need EPD services are very ill, or suffer from dementia or have completely overwhelmed caregivers who may not pay attention to a mailing. Clients also bounce back and forth from hospital to rehab, etc and may have had to pursue other care options while they wait for the EPD services. The involvement of an agency will help inform DHCF where the client is and increase the chances of the client being able to access this needed service and preserve their slot.

A survey of state policy revealed that states use different methods to establish and maintain waiting lists, interest lists or registries when resources are not available to serve all who need assistance. Some states require assessments prior to being placed on a list; others only assess when there is likelihood that resources will soon be available; others only require a telephone call. Almost all states manage access to services on a statewide, centralized basis, although many states delegate major responsibility to regional entities to administer the waiting list process. All states interviewed consider date of application in determining priority for services, but most also prioritize by some form of “needs” test. While Georgia’s elderly/disabled waiver uses a functional needs based assessment, other states use criteria which include: loss of primary caregiver; confirmed abuse, neglect or exploitation; grave illness; and children transition to adult services. All states interviewed give priority either to an established number of individuals moving from institutional to community-based services (i.e. 100 a year) or all individuals transitioning from institutions.

Communication

Since the start of Mayor Gray's administration, there have been quite a few changes in the administration of the EPD waiver program. To the credit of the DHCF staff, there have been regular monthly meetings, but communication has often been confusing with contradictory information given at different meetings. The Coalition suggests that each meeting be recorded and minutes distributed the following week so that all participants receive a consistent message. Additionally, this would allow clear, consistent information to be disseminated to those who were not able to attend a particular meeting. The provider community would also like to reiterate a continuing concern about communication by DHCF staff. We understand the heavy volume of requests the department receives, but we hope to see a cultural change occur. There are several staff members who are responsive, but from surveying the provider community, emails and phone calls are routinely ignored by DHCF staff. This is a huge barrier to resolving beneficiary's problems and providing needed services to the DC community of elders and those with physical disabilities.

Change Requests:

Another significant concern is the processing of change requests. Change requests are sometimes required for waiver beneficiaries who have experienced a significant functional decline usually due to an acute medical event such as stroke, cancer or fall. In these situations, case managers request a change to increase hours of Personal Care Aide assistance so that the beneficiary can remain in his home. This process requires the case manager to submit a change request to DHCF for prior authorization to initiate the additional services. At the time of request, the beneficiary often requires an increase in services in an expedited fashion in order to receive needed care and to ensure their safety in the community.

DHCF has provided conflicting information regarding how to complete the change request forms and the information that needs to be included. In some cases, the change request approval was delayed nearly two weeks due to a back and forth dialogue between our staff and DHCF despite multiple attempts to follow DHCF's recommendations. The information required by DHCF has changed, yet no formal training, transmittal or guidelines have been provided. Training has been promised for months, but to date, none has been forthcoming. The lack of clarity has resulted in continuing delays in processing change requests. For beneficiaries, this delay can potentially make the difference between staying in the community or needing institutionalization.

Summary of Recommendations: The Coalition recommends that the DHCF consider a longer period, perhaps 90 days, before discharging someone from the EPD waiver. This is particularly important for continuity of care now that a waiting list for services has been implemented.

New Thirty Day Rule

The Coalition recommends that the DHCF consider a longer period, perhaps 90 days, before discharging someone from the EPD waiver. This is particularly important for continuity of care now that a waiting list for services has been implemented.

Waiting List

Allow the case management to be involved after the initial application process so that agency will help inform DHCF where the client is and increase the chances of the client being able to access this needed service and preserve their slot.

Develop a more equitable system to manage the waiting list which assesses the clients' circumstance and places them on a waiting list based on need, including acuity.

Communication

Monthly meetings should be recorded and minutes distributed the following week so that all participants receive a consistent message.

Additional training should be closely linked to when policy changes occur

Change Requests

Waiver staff should be trained to speak with one voice and be clear about process and policy

Conclusion

The District of Columbia Coalition for Long Term Care would like to thank Chairperson Catania and members of the committee, as well as the Department of Health Care Finance for hearing our testimony on the EPD Waiver.