

STATEMENT
DC Coalition on Long Term Care
Committee on Health
Performance Hearing
DC Department of Health Care Finance
March 9, 2009

Thank you very much for this opportunity to testify on the performance of the DC Department of Health Care Finance in this its fifth month of official existence. I am Vera Waltman Mayer, Coordinator of the DC Coalition on Long Term Care. Since its formation in 1995, the Coalition's consumers, advocates and health care providers have worked with a succession of Medicaid officials to expand home and community -based long term care programs to help DC low- income residents with chronic health care needs.

The Coalition has often brought to the attention of this Committee problems which have created barriers to the full development and utilization of home and community- based services for low-income DC residents. These issues have included: delays in the processing of applications and recertification for services under the Elderly and Persons with Physical Disabilities Medicaid Waiver (EPD waiver); problems with Medicaid transportation services; inadequate wages and access to health benefits for the home care workers who are reimbursed through Medicaid.

Today, we come to praise the extraordinary progress that has been made in the short time of the formal existence of the Department of Health Care Finance. Under the leadership of Julie Hudman as Director, the dedication and energy of the existing staff and the new staff have focused on improvements in the Department's policies, programs

and operations and they still find time to develop new initiatives. Existing systems are being streamlined and non-functioning systems are being corrected. The current economic situation makes even more imperative than usual the proper functioning of the Department of Health Care Finance. It is the main lifeline to one-third of the city's residents who live in poverty and to the newly unemployed. Despite the budget constraints, the Department is moving ahead on the necessary preparatory work required to implement the proposed program included in the FY09 Budget to provide health benefits to uninsured DC residents.

The Department's communications with consumers have been enhanced by the development of an Ombudsman Office under the able and thoughtful direction of Maude Holt. This new office will enable Medicaid consumers to receive help to resolve complaints concerning all Medicaid services. Consumers can also ask assistance of the Ombudsman Office to resolve problems with both Medicaid-funded and private health care programs. Our only concern is that there must be sufficient staff available to quickly assist the great number of persons seeking assistance. Complaint resolution requires careful investigation, technical knowledge and patient persistence. Time is of the essence in many cases. The success of the program will require sufficient knowledgeable staff to meet the challenges.

The Department's communications with providers have been improved by regular forums held in different venues around the city. These forums enable Medicaid providers to learn about and discuss new and up-dated systems, audits and programs with the

appropriate Department staff. Plans are underway for a user -friendly web site with up-to-date information for consumer and providers.

We wish to highlight the recent improvements in two existing programs of special concern to the Coalition's advocacy for home and community-based services: the administration of the EPD Medicaid waiver and Medicaid transportation.

The Deputy Director for the Office on Disabilities and Aging, Michelle Strollo, is actively reducing the back log of applications for the EPD waiver, setting firm time tables for new applications and clarifying the confusing recertification process. At the same time, she and her staff are developing plans to improve the quality of Medicaid financed home care services under both the Medicaid State Plan and the EPD Medicaid waiver. The importance and complexity of quality improvement in all Medicaid services is highlighted by the work of Ann E.K. Administrator of Quality Management & Program Integrity in the development of policies and programs and by Genee Unger, Chief Operating Officer, in her understanding of Medicaid programs and for hiring appropriate staff to assure implementation.

The abrupt August 2008 implementation of a plan to transition many Medicaid beneficiaries needing transportation to medical appointments and treatments from the contracted van services provided by Medical Transportation Management, Inc. (MTM) to Metro rail, Metro bus and Metro Access led to enormous confusion, complaints and a law suit. Prompt settlement of the law suit and closer Departmental supervision of the MTM contract have greatly improved the service and the processing of complaints. For several months, the Coalition transmitted numerous transportation complaints from

individual consumers and care managers about the failures of the system then in place. These complaints have recently declined. In addition, the Coalition's interdisciplinary team of health care providers developed detailed suggestions to improve the crucial Level of Need form and to address gaps in services, all of which the Department has taken into consideration.

For these and many other reasons, the Coalition is grateful for this opportunity to praise the important work the newly organized Department of Health Care Finance is performing so ably.