

**Council of the District of Columbia
Committee on Health on 7/12/2013
Health Services Planning Program Regulations Approval of 2013 – PR 20-2080**

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Good morning Councilmember Alexander, Chairperson of the Committee on Health, Council Members Grasso, Bond and Catania, thank you for having this hearing on the “Health Services Planning Program Regulation Approval of 2013” and giving me the opportunity to testify. My name is Susan Walker, I am a retired medical/home care/geriatric social worker and a senior volunteer advocate for the D.C. Coalition on Long Term Care.

The D.C. Coalition on Long Term Care’s goal is to expand and improve the quality of long term care programs, ensuring that Washington, D.C. residents with chronic care needs age in the community safely and with dignity.

The greatest strength of the Coalition is the active participation of its volunteer members whose deep expertise and experience allows them to identify problems within the long term care systems in the city and develop timely solutions. Both government agencies and community organizations work with the Coalition on a wide range of problems. In addition, the Coalition is able to bring together city agencies that deal with separate pieces of long term care to communicate and collaborate on solutions. As a result, the Coalition’s consumers, advocates, and health care providers have assisted in the development and implementation of expanded Medicaid home care, the improvement of assisted living residences and home care agencies, as well as, the expansion and improvement of the workforce essential to these programs.

In 2010, The D.C. Coalition on Long Term Care convened a subcommittee to study home care licensure, including the requirement for a Certificate of Need (CON) for Home Care Agencies. The Subcommittee after researching other jurisdictions recommended not to require Certificate of Need for Home Care Agencies, because they did not improve the quality of home care agencies nor decreased the number of agencies applying to provide services, all stated reasons for requiring CONs. Nor has the requirement of CON reduced fraud and abuse. It is the D.C. Coalition’s opinion that CON for home care agencies is ineffective. Initially CONs were required for organizations with large capital investment and specialized infrastructure that if the organization’s finances failed they would not be a burden to the city/state. Home care agencies, however, do not meet this standard and, therefore, should not require a CON. The coalition feels that the Department of Health, Health Regulatory License Administration is a better determinant of the ability of a home care agency to be financially viable and have programs in place to promote safe, quality care. Once an agency approved for a CON and begins to provide services, it does not get surveyed for a year or more to evaluate its quality and practices. Studies have found that the first three years is the most crucial period for when an agency can get into trouble. That is why the D.C. Coalition believes that the Health Regulatory

License Administration should be overseeing the home care agency during this crucial phase and making sure that the home care agency does not fall into bad practices or poor or negligent care.

Another reason given for requiring CONs for home care agencies is because of Medicare and Medicaid Reimbursement for skilled care services. SHPDA has no idea when agencies are committing fraud and abuse, so a CON has does not decrease on fraud and abuse. Nor does SHPDA determine the number of agencies needed to provide adequate service for the residents of the District of Columbia. The D.C. Coalition thinks that it would be better for the DCHCF to oversee the Medicare and Medicaid Agencies and the DOH to oversee the non-Medicare and Medicaid agencies, or non-skilled agencies.

The D.C. Coalition wants to alert the D.C. Council to an unintended consequence of requiring all agencies to become skilled care agencies and requiring Certificate of Needs. Presently, the District of Columbia contracts with a non-skilled agency for senior services to allow seniors to age in place, and for emergency 24 hour services under Adult Protective Services. Requiring these agencies to meet skilled service requirements jeopardizes those services. APS would be required to have signed doctor orders to obtain emergency care. Many of these clients have no attending physician and might, therefore, need to be hospitalized to meet this requirement. In addition, being sure that every patient has signed physician orders has greatly increased the cost of providing services for an agency that would have to be passed on the DC Office on Aging.

The D.C. Coalition commends SHPDA for updating their regulations. We particularly commend them for developing section 4204 Moratorium on Applications. This section would provide for transparency that does not exist at this time.

The D.C. Coalition would also agree with home care agencies reporting the data in section 4509.3 even if agencies were not required to have CONs so that SHPDA would be able to adequately plan for the District of Columbia's Health needs.

Thank your for your kind attention.

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