

February 10, 2016

**Testimony of Malika Moore, MSW, LICSW, social work case manager, Iona Senior Services, Ward 3 before the Honorable Yvette Alexander, Chairperson, Committee on Health and Human Services**

Chairperson Alexander and members of the Committee on Health and Human Services, thank you for granting me the opportunity to speak to you about the Elderly Persons with Disabilities Waiver program. My name is Malika Moore and I am a social worker at Iona Senior Services in Ward 3.

Many seniors I serve live alone with debilitating physical ailments, no support, and scarce finances. The Waiver program is their only hope to provide critical in-home care to support aging in place.

I present to you, Ms. D., a frail, 65-year-old woman, forced to retire due to a then undiagnosed condition, which caused her legs to bend and move in opposite directions. With patience and focus, Ms. D steadied her walker to guide her steps from the bed to her sitting chair.

Ms. D. suffered physically, mentally, and emotionally. Her failing health did not match the sharpness of her mind. Occasionally, the building manager would inform me of falls because Ms. D was too humiliated to tell me. Over-income for community Medicaid, we discussed the Waiver as a crucial key to renewed independence, safety, and most importantly, her hope to remain in the community. Ms. D trusted the Waiver process for offered case management, home health aides and a personal emergency response system, (PERS).

In March 2015, I contacted the Aging and Disabilities Resource Center – ADRC –and the application process began for the Waiver. I continuously observe clients and caregivers who cannot navigate this process. Ms. D’s persistent advocacy skills failed, her calls went unnoticed.

Frequently, I received tearful and desperate phone calls from Ms. D. Bedridden, due to severe degenerative arthritis, Ms. D refused to go to a nursing home but reminded me of her wait for the Waiver.

In search for answers, my colleagues and I contacted ADRC, Department of Health Care Finance (DHCF), and Waiver case management agency. As professionals, we could not get resolution.

In November 2015, I reported the situation to LTC Ombudsman office. Ms. D. became acknowledged as a person rather than just an ID number. Later in the year, December 2015, home health services started, but she still does not have her Personal Emergency Response System. The wait continues. It is unfortunate the onerous process caused Ms. D to question her own self-worth.

We know the Department of Health Care Finance is working to improve the enrollment system, but long waits, countless overlapping staff hours, and lack of answers for service cannot be justified at the expense of our seniors' lives.

Bedridden, Ms. D. counted every minute, second, hour, and day she was without the Waiver. In support of all the Ms. D's in the District, please continue to honor DHCF's mission to "...improve health outcomes..." in ways that are more timely and efficient.

I am happy to answer any questions. Thank you.