

HEALTH, HUMAN SERVICES, AND MEDICAID COMMITTEE TESTIMONY
BY: JANEMARIE SOWERS

June 5, 2018

S.B.218

Chairman Burke, ranking member Tavares and other members of Health, Human Services, and Medicaid Committee, my name is Janemarie Sowers. I'm a member of Hand in Hand: The Domestic Employers Network and a single mother of a severely disabled child. I am here to express my strong opposition to S.B.218 - regarding minimum training and surety bonds for Medicaid providers.

My daughter, Kendra, is severely disabled and requires 24 hour care. Kendra's care is her lifeline. Inadequate sub par care puts her at risk for infection, injury, hospitalization, and even death. For the majority of the last two years I have provided all of her care because of a critical shortage of providers. Not having a provider has forced me to provide 24 hour care to Kendra, put her at risk of losing her Home Care Waiver, and caused her nursing hours to be reduced.

Prior to July 5, 2016 Kendra had a full time nurse who helped provide care to her for 9 1/2 years. Kendra's nursing hours were 16 hours per day 7 days per week then. That RN was removed from providing Kendra's care by Carestar (ODM's case management agency) in direct violation of the OAC. I tried to secure providers to cover Kendra's nursing hours to no avail. I had providers call off after the start of their shift, no call no show, miss seizure activity, exit my house to talk on their cell phone leaving Kendra unattended. Carestar has denied my request for increased nursing services during my post surgical medical restrictions, reported me to Child Protective Services for providing 24 hour care to my daughter, contacted our local police and requested Welfare Checks on Kendra, had me investigated by PCG (Public Consulting Group - ODM's Provider Oversight Contractor), violated our Civil Rights, and restricted our access to providers. Carestar is no longer our case management agency. Carestar and PCG have seriously contributed to the provider shortage.

This bill would be yet another barrier to recruiting and retaining providers. There is already a critical shortage of Home Care Providers which has helped create the current situation that I am in - not having a nurse for Kendra. This bill would have Real Negative consequences for families like mine. It would make the provider work force even smaller.

Instead of this bill, enforce the rules and regulations that are already in place equally and without bias from one provider type to the next. Treat all providers equally (Agency and Independent). Higher wages for Direct Service Providers to compensate them for the critical work they do. Independent nurses have had their pay substantially reduced since 2010. From \$55 for the first hour and \$42 for each additional hour to \$42 for the first hour and \$26 for each additional. While agency pay rates remained untouched. Independent Providers have had PCG nit pick their structural reviews citing them for things that were not even a violation and turning any kind of error into "Medicaid Fraud". Then there is EVV and the problems it has caused for providers.

We need better supports to keep the providers that are left on the job and counter the high turnover rate. We need to promote these jobs and make them more attractive to willing and qualified job seekers, not less. Be part of the solution not part of the problem.