

TYING NASHVILLE TOGETHER  
HEALTH ACTION TEAM

CITIZENS' HEARING AND PANEL DISCUSSION  
ON HOME AND COMMUNITY-BASED CARE

PANEL 1:  
THE NEED - PERSONAL TESTIMONY

MARCH 29, 2007  
WEST END UNITED METHODIST CHURCH  
2200 WEST END AVENUE  
NASHVILLE, TENNESSEE 37203

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PANEL MEMBERS:

NATALIE NELSON, food bank coordinator,  
Edgehill Community

TINA THOMSEN, West End United Methodist  
Church

STEVE ZAGORSKI, Centennial Adult Day Care  
Center

FLOYD STEWART, The Accessible Builders,  
a nonprofit organization

TNT PARTICIPANTS:

BARTON HARRIS, Pastor of Westwood Baptist  
Church

PAUL SPEER, First Unitarian Universalist  
Church

TOM LANEY, Pastor, West End United Methodist  
Church

RAY SELLS, West End United Methodist  
Church

1 MR. LANEY: My name is Tom  
2 Laney. I'm one of the pastors here at West  
3 End United Methodist Church. I want to  
4 express our gratitude to all the key folks  
5 for making these important arrangements and  
6 giving us the opportunity to host this  
7 critical event.

8 I want to express my  
9 personal gratitude to you all for giving  
10 your time today to come together to reflect  
11 on a very important community need and to  
12 pool your wisdom and, hopefully, with God's  
13 grace, find some new possibilities for us.

14 Before I open with a  
15 prayer, I want to say a couple of  
16 housekeeping things. The bathrooms are at  
17 the other end of this room, the men's and  
18 women's bathrooms, and I think that should  
19 be sufficient. If they are full, there are  
20 some on the second floor.

21 There's elevator access as  
22 well as stair access. I think all the  
23 refreshments, drinks and everything, are  
24 down on this level. So things should be  
25 pretty self-explanatory.

1                   Fortunately, we have a  
2           number of West End members here to answer  
3           questions. And I would like them to raise  
4           their hands. If you have questions -- Val,  
5           you can answer questions. Rick, you can  
6           answer questions. Ray, you can, too. So  
7           please don't stay confused long if there is  
8           a question you have or just a need that we  
9           can help you with.

10                   Again, welcome. I would  
11           like us now to bow our heads and have a  
12           moment of prayer.

13                   (Invocation given.)

14                   MR. SELLS: My name is Ray  
15           Sells. My task, for the moment, is to try  
16           to put a kind of faith and theological  
17           context to what we're doing. People of  
18           faith have always asked questions: What  
19           happens when I die? Will my dog go to  
20           heaven? Why on earth did God create  
21           something called the platypus? I myself  
22           have wondered about all of these questions,  
23           particularly the one about the platypus.

24                   I don't have any answers,  
25           but there are other questions that demand

1        answers, one from the Old Testament. When  
2        God confronted Cain and asked him where his  
3        brother was, Cain answered by asking his own  
4        question: Am I my brother's keeper? Cain  
5        had just killed his brother and was trying  
6        to shake God off the trail, but it didn't  
7        work.

8                                But the question remains,  
9        and it's one of the most penetrating  
10       questions when one opens up the Old  
11       Testament. Right away, we're confronted  
12       with: How shall we express care for those  
13       in our community?

14                               In the New Testament, Jesus  
15       tried to make a point by telling a story  
16       about a man who was beaten and left by the  
17       side of the road. You know the story. A  
18       bishop came by, and a politician came by,  
19       and they were too busy to bother with him.  
20       Someone came by and used his own resources  
21       and took him to an inn where his life was  
22       saved and he could be cared for.

23                               Jesus said, "Now you've  
24       heard the story. Who do you think was the  
25       real neighbor?" The question hung in the

1 air, and it was clear that it was one of  
2 those penetrating questions that we have to  
3 ask all the time.

4 So we're here to ask a  
5 similar question: Who shall care for the  
6 neighbors that we here are concerned about?  
7 Who are the people that Tennessee and  
8 Nashville shall look after? Shall it be  
9 those who want great stadiums and new  
10 ballparks and condos by the river? That's  
11 certainly one answer to the question, and  
12 that's answered every way and every day, but  
13 there are other people in need who need home  
14 care, who need loving care to make their  
15 life better. And that's why we're here.

16 The early Christians found  
17 a way, out of their Jewish heritage, to  
18 build a community of caring people who  
19 looked after the widows and the orphans and  
20 those in need. The real question we have to  
21 answer today is: How do we care for those  
22 among us who need care in their homes, help  
23 with bathing, help with buying food, help  
24 with simple tasks that would allow them to  
25 remain in their homes and live among people

1 who love them?

2 The question about  
3 platypuses may be more fun to kick around,  
4 but these other questions are the ones that  
5 make us squirm. And today, we come to try  
6 to answer them.

7 REV. HARRIS: Good morning.  
8 My name is Barton Elliot Harris. I am  
9 pastor of Westwood Baptist Church. I am one  
10 of the co-chairpersons for Tying Nashville  
11 Together. Tying Nashville Together is a  
12 broad-based interfaith coordination of  
13 institutions through which people of faith  
14 and power come together to improve our  
15 community.

16 I would like to welcome you  
17 to our citizens' hearing. The issue for  
18 today is home-based and community care. Our  
19 goal as an organization is to find out if  
20 this type of care is a plausible solution to  
21 the crisis that senior citizens, the  
22 disabled, and their families are  
23 experiencing as they search for options for  
24 long-term care.

25 Today, we will convene four

1 panels for discussion. Panel 1 would be  
2 personal testimony from individuals; Panel  
3 2, home-based and nursing home officials;  
4 Panel 3, local government officials and  
5 department heads; and our final panel, Panel  
6 4, regards public funding and policy  
7 associated with home- and community-based  
8 care and nursing home care.

9 Remember, each member of a  
10 panel will be given five minutes to give  
11 their name and position, the organization  
12 that they represent, and opening comments on  
13 their position on the state of long-term  
14 care. Representatives from Tying Nashville  
15 Together will then commence questioning  
16 panelists about the role of the agency that  
17 they represent.

18 We do have a timekeeper to  
19 hold us on task in regards to time. She  
20 will give each participant a starting wave,  
21 a card at one minute, and a card to stop.  
22 Please be mindful of the timekeeper as we  
23 proceed in these hearings today.

24 If time allows, there will  
25 be an opportunity for audience members to

1 ask questions after each panel discussion.  
2 We will take a short break for lunch to  
3 allow individuals to refresh themselves.  
4 Lunch is on your own. We will then  
5 reconvene and begin Panel 4 at 1:30 p.m. We  
6 have provided sign-up sheets in the back of  
7 the room. Please sign the appropriate sheet  
8 that applies to you.

9 An agenda for today's  
10 meeting is available. On the back of the  
11 agenda, you will find the e-mail addresses  
12 for all panelists. At the conclusion of  
13 what takes place today and the subsequent  
14 actions of TNT, we will make available a  
15 copy of the transcript and our plan of  
16 action. Feel free to indicate on the  
17 sign-in sheet if you would like to have a  
18 copy of this public hearing sent to you by  
19 way of e-mail. Thank you.

20 MS. THOMSEN: I am Tina  
21 Thomsen. I'm a member here at West End  
22 United Methodist Church. I'm very happy for  
23 that, and I'm also a member of Tying  
24 Nashville Together. Last year, I retired as  
25 a registered nurse from Vanderbilt Hospital.

1 For thirty years, I was there. And now, I  
2 had some free time, and I wanted to see how  
3 I could be of service, and I knew about  
4 Tying Nashville together because of my  
5 affiliation here at West End.

6 So I started going to some  
7 meetings. Of course, I signed up for the  
8 healthcare part of that. We have an  
9 education part. We have a housing part.  
10 And healthcare was where I thought I could  
11 do the most good. In the beginning, we were  
12 looking at issues here in Nashville in the  
13 healthcare area that we might want to draw  
14 attention to. We set up appointments. We  
15 went out and looked at people in the  
16 community, talked to people.

17 Coincidentally, at the same  
18 time, my brother had come to live with me.  
19 He is ten years older than I am. He's 68.  
20 He has a lot of healthcare problems. He has  
21 congestive heart failure. He has diabetes.  
22 He has severe depression. He had been two  
23 years in Murfreesboro, living with my  
24 sister.

25 Now, I felt like he was

1 getting better, so I asked him if he wanted  
2 to come to Nashville and see what we could  
3 provide for him in services and help him  
4 become independent from me. So the primary  
5 goal was to get housing. I signed up with  
6 the MDHA. He got a little apartment over on  
7 Shelby Avenue last month. That was six  
8 months in the works, but last month, he got  
9 his little apartment. But I knew that he  
10 wasn't going to be able to stay in it if he  
11 didn't get help bathing. That was number  
12 one. And I know for the elderly living  
13 alone -- and I have found that 99 percent of  
14 the elderly live alone -- bathing is a big  
15 issue. They need help with that. He would  
16 need help with his groceries. He would need  
17 help with his apartment. So that began my  
18 investigation of what was available for him.

19 I presented these things to  
20 the healthcare area of Tying Nashville  
21 Together, and then we all started to look  
22 into it: What is available for the elderly  
23 if they want to be independent, if they want  
24 to be out of the nursing home, if they want  
25 to have pride? How can we help them? So we

1 all started making calls, and we all started  
2 looking into this issue. And I was very,  
3 very disappointed. I'm very disappointed in  
4 the State of Tennessee, what they do for the  
5 elderly poor in this state.

6 I found out we are  
7 fiftieth, the worse state in the union. I  
8 found out we're nine times worse than the  
9 49th state. And it broke my heart. I love  
10 Tennessee. I never knew that existed. We  
11 look beautiful from the outside. And this  
12 is from the inside, and it really saddens  
13 me.

14 I found out from my brother  
15 there's three different programs that could  
16 exist for him. The first is Metro Social  
17 Services. They have a wonderful program.  
18 They have a year-and-a-half waiting list.  
19 Their program is expensive for Metro because  
20 they give what I would want every worker and  
21 employee to have: Retirement, sick time,  
22 vacation time. They take care of their  
23 employees, but it's very expensive. The  
24 State has to look at that. The City has to  
25 look at that: Do we care that we have to

1 pay for it but we provide it? That program  
2 has a year-and-a-half waiting list, which  
3 was not going to work for my brother.

4 There's a program called  
5 Options that the State has. You don't have  
6 to be nursing home-eligible for Options.  
7 You don't have to be that sick, but they  
8 have a three-year waiting list. That wasn't  
9 going to work for my brother.

10 The federal government had  
11 a program called Medicaid Waiver. That  
12 program, Senator Henry has said in the  
13 newspaper, has 2,600 open spots, but I found  
14 out they will only sign up 100 people for  
15 that program in the Greater Nashville  
16 Regional Area. I'm disappointed. And we're  
17 working here today to find out what we can  
18 do about that. We have wonderful people  
19 that have agreed to be a part of this panel  
20 that have some of the answers.

21 My brother is going to get  
22 his care, but what about the 380 that the  
23 Greater Nashville Regional Council  
24 interviewed that don't qualify? Where do  
25 they go? What happens to them? I hope we

1 get some answers. And I thank you very  
2 much.

3 MS. NELSON: Good morning.  
4 My name is Natalie Nelson, and I'm a food  
5 bank) coordinator in the Edgehill Community.  
6 I'm here today to speak to the conditions of  
7 our seniors who I see every day. When  
8 seniors come into the food bank, a lot of  
9 times, they share with me their concerns and  
10 their issues that they are faced with.

11 Many are facing issues of  
12 choosing between their medicines and food.  
13 They, the seniors, feel less than human,  
14 because after working much or all of their  
15 adult lives, paying taxes, they are now  
16 reduced to receiving food from a cardboard  
17 box because a decision had to be made  
18 between their food and their medicine.  
19 Also, the living conditions are deplorable  
20 for some. Seniors feel, if they are placed  
21 in a nursing home facility, they will be  
22 forgotten, mistreated, and die a slow and  
23 lonely death.

24 Once in a nursing home, the  
25 focus is not how can we better serve this

1 person but on the need to make sure the  
2 money comes in on time so their bills can be  
3 paid. So in order to keep some dignity  
4 about themselves, they resort to living  
5 alone in their subsidized apartments, again,  
6 in deplorable conditions and, in some cases,  
7 treated like criminals and spoken to with  
8 little respect.

9 So today, I'm sitting here,  
10 standing here in the gap for the least of  
11 these. And in this case, it is the seniors  
12 of Edgehill that I'm asking the question of  
13 how can they receive quality -- and the key  
14 word here is "quality" help that they may be  
15 able to live in their home and get the  
16 quality health care that they so richly  
17 deserve. Thank you.

18 MR. ZAGORSKI: My name is  
19 Steve Zagorski. Seventeen years ago, we  
20 started the Centennial Adult Day Care Center  
21 in Nashville, an adult day care program to  
22 keep the people in the home and out of  
23 nursing homes. We're privately held. We're  
24 small and struggling because, for years, the  
25 only way to pay for adult day care was

1 privately or, if you were a veteran, getting  
2 your care from the VA.

3 I guess it was about five  
4 years, after a lot of work with, I think,  
5 the first generation of TNT, the AARP, and  
6 other organizations, we got the Options  
7 Program started in the state of Tennessee.  
8 It's an excellent program that will pay for  
9 in-home care, personal care, homemaker,  
10 home-delivered meals, adult day care.

11 And as Tina said, there's a  
12 big problem. There's a huge waiting list.  
13 It's got an amazingly simple solution: More  
14 money in the governor's budget. It's that  
15 simple. There was no increase in this  
16 year's proposed budget that the governor  
17 proposed. The structure is there throughout  
18 the state of Tennessee to care for these  
19 people. All it needs is funding.

20 That's where I would  
21 suggest we focus this effort, in getting  
22 funding for an existing program that is  
23 well-structured and well-functioning. We  
24 take care of Floyd through this program,  
25 help him get going in the morning and get to

1 bed in the evenings so that he can be fully  
2 functional. We have people in our adult day  
3 care program that are in this, but it's just  
4 touching the tip of the iceberg out there.

5 The second program is the  
6 Medicaid Waiver, which was established a  
7 couple of years ago for home- and  
8 community-based care. They suffered a lot  
9 of growing pains because, quite honestly,  
10 this whole home- and community-based care  
11 structure is new to them. They are not used  
12 to it. There are a lot of problems that are  
13 being addressed, but it's a growing program.  
14 The structure is there.

15 There needs to be a little  
16 streamlining of the structure. The input is  
17 there through the Greater Nashville Regional  
18 Council, but we have problems within the  
19 TennCare organization. And I hate to say  
20 it, but they don't listen a lot to us. So  
21 that's another area, because a lot of these  
22 solutions are very simple, to me, if we get  
23 some structural change. As Tina said,  
24 there's -- I think there's more than one  
25 hundred in Greater Nashville, because I

1 think we're serving over fifty people,  
2 ourselves, through the Waiver program.

3 There's a long process that  
4 people have to go through, and this process  
5 should not be so complicated if you're  
6 already in the TennCare program. I know  
7 Tina is going through that also. How do you  
8 have somebody who is in TennCare, qualifying  
9 for TennCare, but takes six months to get on  
10 the new waiver?

11 The money is there, but we  
12 have the bureaucracy in the way, which is a  
13 major area we need to focus on. How to we  
14 get them to streamline the program? How do  
15 they pay us, the provider, a reasonable  
16 amount? Because we want highly-trained  
17 people that are competent that will do a  
18 good job, but when you're paid \$18 an hour  
19 and you wait two to three months to get  
20 paid, you have limitations.

21 Just now, they have got  
22 more structural problems, and we have to pay  
23 for about 30 percent of December and  
24 20 percent of January. And, unfortunately,  
25 we're paying our people so that we can

1 deliver these services. So two big points;  
2 one, more money in the Options Program in  
3 the state budget; and two, structural  
4 changes within the home- and community-based  
5 waiver on the bureaucratic side. Thank you  
6 very much.

7 MR. F. STEWART: As Steve  
8 said, I am a consumer with his organization.  
9 I do have a person that comes in who does my  
10 personal care, gives me showers and baths  
11 and whatnot. Let me start off by telling  
12 you a little bit about myself. My name is  
13 Floyd Stewart, and I was injured in an  
14 automobile accident twenty-three years ago.  
15 I actually got my neck broke, so my medical  
16 diagnosis is quadriplegia.

17 I was in a nursing home for  
18 five-and-a-half years. While in a nursing  
19 home, I went to college. I left the nursing  
20 home every day and went to Middle Tennessee  
21 State University. Sometimes I drove my  
22 chair back and forth to class from the  
23 nursing home to the college. I graduated in  
24 1989 with a degree in industrial psychology.  
25 I took that curriculum because I had been an

1 industrial electrician for Nissan Motor  
2 Corp. before I had my accident. Of course,  
3 that was twenty-three years ago.

4 Now, I've been on my job  
5 for fifteen years. Three years ago, I  
6 started a nonprofit organization. It's  
7 called The Accessible Builders, and what we  
8 do is we build low-income housing for people  
9 with disabilities and people that are at 80  
10 percent of median income and below.

11 I also work with the Center  
12 for Independent Living of Middle Tennessee  
13 for eight hours a week. I'm an advocate for  
14 them. I do peer counseling and mentoring  
15 for people with spinal cord injuries, and I  
16 do community education. I work with several  
17 different organizations to -- like I educate  
18 all Metro police cadets and Metro bus  
19 drivers, Metro school teachers.

20 Over the years, I've  
21 learned that the majority of people who live  
22 in nursing homes don't want to be there,  
23 over 90 percent, but the reason they are  
24 there is because we don't have options.  
25 Tennessee is actually in violation of the

1 federal law called the Homestead Act, which  
2 says, under the Americans with Disabilities  
3 Act, that you should be able to live in the  
4 least restrictive environment. You should  
5 have that option. We don't have that in  
6 Tennessee.

7 The option in Tennessee,  
8 the least restrictive environment, is either  
9 a nursing home with manual doors or a  
10 nursing home with automatic doors. So this  
11 whole thing, to me, is also a taxpayer  
12 issue. Why would you keep a person like me,  
13 who can work, in a nursing home as a  
14 tax-consumer; whereas, now, not only am I a  
15 taxpayer, but an employer. It doesn't make  
16 sense at all. So many people that I work  
17 with, trying to get out of nursing homes and  
18 going to college from a nursing home, just  
19 like me, want the same ability to choose and  
20 not live in nursing homes.

21 The nursing home industry  
22 has a death grip on our legislature and on  
23 our legislative dollars. We, as a group,  
24 need to do something about that. And one  
25 last thing, you know the disciples asked

1 Jesus, they said, "Teacher, what is the  
2 greatest commandment?" And He said, "To  
3 love the Lord with all your heart and all  
4 your mind, all your soul." Then He said,  
5 "And love your neighbor as you love  
6 yourself." He said -- and this is the most  
7 profound remark I've heard -- He said, "On  
8 these two commandments hang all the law and  
9 the prophets." There's no question as to  
10 who our brothers' keepers are. It's us.

11 REV. HARRIS: We're open  
12 for questions.

13 AUDIENCE MEMBER: I have a  
14 question for Steve. You mentioned an \$18  
15 rate for the waiver. How much would it take  
16 to approach a private pay rate or a -- I  
17 don't want to call it a "living wage" for  
18 providers, but what would be the ballpark  
19 figure for what the government ought to be  
20 reimbursing?

21 MR. ZAGORSKI: Thank you.  
22 Let me answer it this way, our private pay  
23 rate ranges between \$20 to \$25 an hour,  
24 depending on the type of service that we  
25 provide. Through the Options Program, we're

1 actually reimbursed to near that. That's  
2 the program that's severely underfunded.  
3 We've been paid less than \$19 an hour from  
4 the Medicaid Waiver, which has a lot of  
5 providers just not participating in the  
6 program.

7 Let me touch on another  
8 area. With this new Medicaid Waiver, there  
9 are two services, for the personal care  
10 attendant and home respite. They are  
11 paying, you know, less than \$17 an hour.  
12 And as a provider, I cannot participate in  
13 that program.

14 Just as recently as  
15 yesterday, the director of the Greater  
16 Nashville Regional Council called me up and  
17 said, "Steve, can you participate in this  
18 program?" And I said, "Right now, no, I  
19 cannot because I cannot hire someone, train  
20 someone, have them go to the home, and wait  
21 three months to get paid for \$16 and change  
22 an hour. It's not viable.

23 I really can't say enough  
24 about the Options Program. There's been a  
25 lot of work put into that. The structure is

1       there throughout the state. The only  
2       problem is state-budgeted funding. There  
3       was no increase in the governor's budget  
4       this year. Thank God, he left what was in  
5       there last year, and we're grateful for  
6       that.

7                       This has been the long push  
8       in home- and community-based care. As Tina  
9       said, we're last, but it's very easily  
10      solvable. The governor and the legislature  
11      just has to say, "More money." Again, I  
12      hate to sound simplistic, but if we fund the  
13      Option program, which is not also dependent  
14      upon the bureaucracy of the Medicaid Waiver,  
15      it's a lot faster.

16                      Clara is here for the  
17      Greater Nashville Regional Council. I'm  
18      sure she would be glad to tell you how many  
19      people she has on her waiting list that are  
20      waiting for care, needing the care but  
21      there's just not a slot available. Clara,  
22      do you know how many are on the Greater  
23      Nashville Region?

24                      MS. KELLY: No, I don't  
25      know. Melanie is coming with the numbers,

1 but I can say it goes back into '04.

2 MR. ZAGORSKI: So, in other  
3 words, if you applied for the program in  
4 2004, you're just now getting near the top  
5 of the list. And there's providers out  
6 there throughout the whole state to provide  
7 all these services. They are already in the  
8 program. They have the staff.

9 The funding mechanism is  
10 there, but there's no money in the  
11 governor's budget. That's where we need to  
12 focus our effort. The Waiver is there, but  
13 until these structural problems are solved,  
14 it's going to take a lot longer, and there  
15 are a lot fewer providers in the waiver  
16 Program.

17 MS. THOMSEN: Steve may  
18 have answered this, but I am looking for  
19 help for my brother. Of course, the Options  
20 Program would have been the best for my  
21 brother because it would have been -- the  
22 disadvantage of Options is, I think, that  
23 there's only two hours of care a week. How  
24 many hours?

25 AUDIENCE MEMBER: No, no.

1 MS. THOMSEN: As many as  
2 you need?

3 MR. ZAGORSKI: To answer  
4 that question, the social workers who visit  
5 the home determine what services these  
6 people need, and it's all individually  
7 determined. So we've got people -- some are  
8 given one hour of homemaker every two weeks,  
9 because that's all that person needs to  
10 remain independent; other people, we're in  
11 there up to five days a week bathing them,  
12 up to five days a week delivering meals,  
13 five days a week, keeping their apartment  
14 clean. And there are other services that we  
15 don't provide through the program.

16 AUDIENCE MEMBER: I just  
17 want to raise one additional thing to what  
18 Steve said. The social workers do help the  
19 clients. We don't go in there and tell the  
20 client, "This is what we're giving you."  
21 That is a team effort. So it's based upon  
22 the consumer's choice. We go into the  
23 house, and we do try to help them assess  
24 their needs. And working with them, we come  
25 up with a plan.

1                   So like Steve said, it can  
2                   be anything that -- you know, there's times  
3                   when we personally think the client needs  
4                   more, but they don't want more. So working  
5                   with the clients, we give them what we need  
6                   to give them with the goal of keeping them  
7                   in a safe, clean environment.

8                   MR. ZAGORSKI: And the nice  
9                   thing is they are visiting the client on a  
10                  routine basis, because as they age, their  
11                  needs change. The services they receive can  
12                  change. So in other words, they might only  
13                  start out with one hour, a bath once a week,  
14                  but that may change, six months later, to  
15                  three hours a week. And we're in close  
16                  communication with them from what our people  
17                  see when they are in that home every day.  
18                  It's a tremendous program, but it needs more  
19                  funding.

20                  MS. THOMSEN: The Medicaid  
21                  Waiver program is funded two dollars of  
22                  Federal for every one dollar of State. And  
23                  if I'm wrong, somebody tell me. This is  
24                  kind of what I found out. And that's why  
25                  that program has 2,600 open slots. You

1 don't have to wait long. My brother is  
2 going to be waiting maybe four months or so  
3 to get his help.

4 AUDIENCE MEMBER: Excuse  
5 me. Is your brother on the Medicaid waiting  
6 list right now?

7 MS. THOMSEN: He passed his  
8 PAE.

9 AUDIENCE MEMBER: Okay.  
10 Well, it's not going to be four months or  
11 whatever. He should be receiving clearance  
12 within the next four to six weeks, maximum.

13 MS. THOMSEN: It took four  
14 months from the time we applied.

15 AUDIENCE MEMBER: It should  
16 not have.

17 MS. THOMSEN: Well, it did.

18 AUDIENCE MEMBER: Because,  
19 typically, with the NRC -- and I can't speak  
20 for any other agency. With the NRC, once we  
21 receive a referral, that referral is  
22 typically passed on to a case manager  
23 shortly, not even a week. Then at that  
24 point, there's a two-day period, maximum,  
25 that the case manager makes contact with the

1 family, and then the assessment is made.

2 Like Steve said, the  
3 problem is not getting the services. The  
4 problem is working with the various agencies  
5 we have to work with. We have to work with  
6 TennCare. They stipulate most all of our  
7 rules about requirements. Working with  
8 TennCare takes a long time. Once we finish  
9 with TennCare, we have to work with DHS.

10 Another holdup that is not  
11 agency-required -- oftentimes, the problem  
12 is working with the doctors. We have to --  
13 this past weekend in particular, I worked  
14 with a doctor. I had to send -- we had  
15 already filled out the paperwork. All we  
16 had to have is the doctor to sign and date  
17 and fax it back to us. It took me at least  
18 four faxes of the same documents and several  
19 phone calls and me, finally, asking the  
20 family to help me get this back from the  
21 doctor before I finally got it back.

22 That's another problem that  
23 we have that people typically just don't  
24 know about. There is a lengthy process. I  
25 agree with you, but it is not on the case

1 management team. Like Steve says, we have  
2 the money. We have the slots. It's the  
3 bureaucratic system.

4 MS. THOMSEN: I just want  
5 people to understand that the Options  
6 Program is just the State. Am I right about  
7 that? It does not have federal money. And  
8 the Medicaid Waiver has two-to-one federal  
9 money, so that has more openings than -- the  
10 State just doesn't want to take from the  
11 nursing homes the \$1.3 billion they give  
12 them. They don't want to take that money  
13 from them and put it into the Options  
14 Program, but they will set up the Waiver  
15 program because it's funded. The federal  
16 government funds it. The federal government  
17 is funding it. And this was shocking to me.  
18 We'll hear about that in our fourth panel  
19 with Gordon Bonnyman, with the Peace and  
20 Justice Center. I was shocked. Oregon is  
21 supposed to be the best state that we  
22 compare ourselves to. And when I went into  
23 Google -- which I love Google. I just put  
24 in "Medicaid Waiver, Oregon" and up pops  
25 this Homestead decision that Floyd talked

1 about. So you'll hear about Homestead.

2 That's why we have open slots. Thank you.

3 MR. ZAGORSKI: Floyd had  
4 asked how many hours of service people can  
5 get under these programs.

6 And, Clara, is there a cap  
7 on the hours on the Options Program or the  
8 Waiver?

9 AUDIENCE MEMBER: On the  
10 Waiver, yes. TennCare, again, has set the  
11 permits out, and there's only so many units  
12 per year authorized for whichever service.  
13 Under the Options Program, again, we look at  
14 the individual. That is not a TennCare  
15 decision. Under the Options Program, it is  
16 our decision; therefore, we have much more  
17 leeway with the program.

18 So therefore, if I see --  
19 and you and I agree that if you only need  
20 one hour of bath a week, then that's what  
21 we'll give you. If you need five hours of  
22 bath a week, that's what we'll give you.  
23 I've had people on the Options Program with  
24 six hours. It depends on what their needs  
25 are. So we have more leeway on the Options

1 Program than we do with the Medicaid Waiver.

2 MR. ZAGORSKI: Under the  
3 Waiver, I know we're in some homes as much  
4 as twenty-one hours a week. We're there  
5 seven days a week, bathing and helping with  
6 homemaker services. But those are the  
7 structural problems that I talked about  
8 earlier.

9 AUDIENCE MEMBER: What I'm  
10 getting here -- also, when you talk about  
11 needing more money, we're not talking about  
12 new taxes. We're not talking about new  
13 programs or anything. We're talking about  
14 money that the State already has.

15 MR. ZAGORSKI: Yes, sir.

16 AUDIENCE MEMBER: It's just  
17 a matter of changing how you --

18 AUDIENCE MEMBER: Exactly,  
19 exactly.

20 AUDIENCE MEMBER: -- take  
21 it out of the nursing homes and put it in  
22 the community.

23 MR. ZAGORSKI: You hit the  
24 nail on the head: Just shift money and let  
25 the money follow the person, as opposed to

1 the institution. The structural problems --  
2 they are getting better under the Waiver,  
3 but you know, under the Waiver, you have no  
4 PAE eligibility. You've got income  
5 eligibility. It only lets people who have  
6 to be in a nursing home come out. And they  
7 are working on it, but again, this is all  
8 new to them. They are used to dealing with  
9 hospitals and doctors.

10 We have a big problem that  
11 if we go to a person's house and they are  
12 not there, we don't get paid, because they  
13 are used to saying "No services delivered."  
14 Well, that's totally unfair to a provider  
15 because I have to pay my staff, because they  
16 were where they were supposed to be.  
17 TennCare has just total blinders on with  
18 this in saying "No services, no payment."  
19 Well, that's why some providers won't  
20 participate.

21 REV. HARRIS: Good. We  
22 appreciate everybody's interest, and that's  
23 why we're here, to discuss this. And we  
24 have to now call Panel 1 to a conclusion at  
25 this point.

1 MR. SPEER: I'm just going  
2 to make a real brief comment. My name is  
3 Paul Speer, and I'm a member of the First  
4 Unitarian Universalists in Nashville. I  
5 also work at Vanderbilt University, and I'm  
6 teaching a class this semester that's  
7 working with TNT, doing research. I just  
8 want to make one little point. And there  
9 will be a handout later on with just a few  
10 bullet points of some of the research.

11 Our students have found  
12 very much what the panel has just shared  
13 about the expenditures; the vast portion of  
14 Tennessee's expenditures on elderly care is  
15 for nursing homes, not home- and  
16 community-based services. And we are way  
17 back in terms of the state rankings in terms  
18 of how much we spend, relative to other  
19 states.

20 The thing I want to add to  
21 this is there are solutions that are clear,  
22 but part of what we're experiencing is a  
23 demographic shift. This is not a stable  
24 world. The world is changing out from under  
25 us. So not only do we have serious problems

1 and concerns now, but this problem is going  
2 to get worse in Tennessee.

3 Tennessee is expecting --  
4 the population of Tennesseans aged 65 and  
5 older is expected to grow 57 percent between  
6 2000 and 2020. It's already 2007. Part of  
7 what we're experiencing right now is this  
8 increased pressure. So what we're all  
9 sharing here, as the experience lived by so  
10 many folks, is only going to exacerbate.  
11 Out of nothing more than just the  
12 demographic increase in the population,  
13 we're going to need these services.

14 So what we're here today on  
15 is a serious issue, and it's an issue that's  
16 going to get more and more intense. So the  
17 kinds of solutions that we come up with here  
18 at TNT are going to be needed and valuable.  
19 That's my dramatic story.

20 (Laughter from the  
21 audience.)

22 MS. REED: Are there any  
23 final questions before we change over  
24 panels?

25 AUDIENCE MEMBER: Can I

1 make one last comment?

2 MS. REED: Yes. We'll do  
3 one question. This will be our final  
4 question, and then we'll let all the  
5 panelists have one minute of summary.

6 AUDIENCE MEMBER: I want to  
7 ask either Mr. Stewart or the social  
8 workers: Is part of the structural  
9 deficiency a lack of sufficient numbers of  
10 case managers or social workers?

11 MR. F. STEWART: I don't  
12 know the answer.

13 AUDIENCE MEMBER: Is part  
14 of the deficiency that causes the delays a  
15 lack of sufficient available case managers  
16 or social workers?

17 MR. ZAGORSKI: No. The  
18 problem really is, first of all, knowing who  
19 to call. That is a problem that is getting  
20 better, but we also need to work hard on  
21 letting the general community know what is  
22 the point of intake. Once it gets to the  
23 Greater Nashville Regional Council here in  
24 Nashville, they do a great job. The Options  
25 Program is quick, and they get the service

1 authorizations to us, as a provider.

2 Under the Medicaid Waiver,  
3 that process breaks -- well, I won't use the  
4 word "break" -- slows down at DHS and  
5 TennCare. The Greater Nashville Regional  
6 Council, they get their stuff to them, but  
7 there's all the hurdles, the physician  
8 orders, PAE eligibility, income  
9 verification. And I don't know what they do  
10 downtown in TennCare, you know, before we  
11 get the information.

12 AUDIENCE MEMBER: I ask  
13 that because the case manager can get you  
14 around the physician, and the social worker  
15 basically is who you're looking for -- or a  
16 social worker student at DHS. So that's a  
17 social worker deficiency problem at DHS.

18 MS. KELLY: May I say  
19 something?

20 AUDIENCE MEMBER: Yes.

21 MS. KELLY: First off, I  
22 don't work for DHS. I can speak from  
23 personal experience working with Davidson  
24 County DHS representatives. Okay? And the  
25 lady that is in charge of the Medicaid

1 Waiver program there is very efficient, very  
2 qualified, excellent to work with. That's  
3 not a problem.

4 The problem is neither  
5 enough case managers or social workers.  
6 We've got a great staff. We cover thirteen  
7 counties, and we all work hard doing what we  
8 do. The problem comes right back to square  
9 one, which has been addressed earlier: We  
10 need money. We need less bureaucracy  
11 through TennCare. And as long as the  
12 bureaucracy is there -- because if we could  
13 manage the Medicaid Waiver like we manage  
14 the Options Program, we would be through it  
15 so quickly.

16 When we do an Options  
17 referral, I'm at your home. We assess your  
18 needs. We come back on Thursdays. We have  
19 team meetings. And it is approved or  
20 denied, or whatever. The services can start  
21 that Friday. It's just that quick.  
22 Whereas -- I mean, that's why we keep on  
23 saying there's no money, so the waiting list  
24 is just growing. Our heart breaks every day  
25 when we see people who need help, who

1       deserve help. They don't qualify for the  
2       waiver, so we have to add them to this  
3       lengthy Options wait list that is not  
4       moving.

5                       The solution is taking  
6       money from the nursing home industry and  
7       putting it over into the pot for home- and  
8       community-based services. That's the  
9       solution. The problem is that the nursing  
10      home industry in Tennessee is very strong,  
11      and they are not going to allow that to  
12      happen. We need agencies or organizations  
13      to help us get the money from that pot to  
14      give the consumers their choice for where  
15      they want their long-term care to be  
16      provided. That's the solution.

17                      AUDIENCE MEMBER: Someone  
18      needs to take the State to court, and  
19      unfortunately --

20                      MS. THOMSEN: Gordon  
21      Bonnyman will be here later.

22                      AUDIENCE MEMBER: -- that's  
23      the way you have to do it in Tennessee.

24                      MR. F. STEWART: There's  
25      another solution, too. What you find is we

1 have a few people in the Options Program,  
2 but people are entombed in nursing homes at  
3 a phenomenal rate. You see, it's a double  
4 standard there. Other states allow  
5 consumers to choose their own people. That  
6 cuts out the middleman. That I've had for  
7 fifteen years.

8 My people who do my  
9 respite, I choose them myself. And so they  
10 judge me by my own competency, and that's  
11 the way it should be. If it's a true "money  
12 follows the person" program, like other  
13 states, let consumers and family members  
14 choose their attendants.

15 MS. KELLY: That's right.

16 MR. ZAGORSKI: To point out  
17 the structural problems we have with the  
18 waiver, we have a person in the Options  
19 Program that attends the adult day care  
20 program two days a week -- Down syndrome,  
21 lives with her sister, who is her primary  
22 caregiver. She is not PAE eligible under  
23 the Medicaid Waiver Program. She has to be  
24 nursing home eligible. So she's still not  
25 getting any additional services.

1                   And that's part of the  
2                   structural issues under the Medicaid Waiver  
3                   Program. You have to be PAE eligible, which  
4                   means you have to be ready to go into a  
5                   nursing home, and this is the only way to  
6                   keep you out. And I think they have backed  
7                   off a little bit on the 24/7 caregiver,  
8                   haven't they, Clara?

9                   MS. KELLY: As long as  
10                  you're capable of using a (inaudible). If  
11                  you're not capable, that requirement is  
12                  still there.

13                  MR. ZAGORSKI: Again, they  
14                  have to have a 24-hour 7-day-a-week  
15                  caregiver, unless they can use a personal  
16                  emergency response button for their own  
17                  personal safety. Now, there are a lot of  
18                  very well-meaning regulations, but what it  
19                  does is it starts cutting the eligibility.  
20                  You're not eligible. You can't go. You  
21                  can't go. You can't go. And that's the  
22                  structural issues under the Medicaid Waiver  
23                  that do need to be addressed.

24                  AUDIENCE MEMBER: Part of  
25                  that is designed to keep money in the

1 nursing homes and keep people from being  
2 eligible for these programs.

3 AUDIENCE MEMBER: I was  
4 just going to say -- I'm Stephanie Nitti. I  
5 work for the Area Agency on Aging and  
6 Disability. I am responsible for doing  
7 Medicaid Waiver intake. I believe part of  
8 the problem is that TennCare is working  
9 under a medical model for the Medicaid  
10 Waiver Program, and the program provides no  
11 medical care whatsoever. So this is the  
12 major problem.

13 I think Patty Killingsworth  
14 is going to be here at some point today.  
15 I've heard really good things about her. I  
16 am anxious to meet her. I have not met her  
17 yet, but hopefully, she's going to be able  
18 to bring about some significant changes to  
19 this program.

20 MS. REED: Let's change up  
21 over to the next panel. Thank you all.

22 (Applause from the  
23 audience.)  
24  
25