



WASHINGTON STATE NEWSLETTER

JULY 2006 SUMMER INFORMATION

TIFFANY LORDAN, UW SSW STUDENT, WINS SSWLHC SCHOLARSHIP



Tiffany Lordan, UW SSW graduate student, is the 2006 winner of the SSWLHC, WA Chapter, \$2000 scholarship. The purpose of this award is to raise the visibility of the Social Work profession in the area of healthcare and to honor and support an outstanding student who is committed to pursuing a Social Work career in Health care.

Ms. Lordan graduated with honors and distinction from the University of the Puget Sound where she received a BA in Sociology with a minor in Spanish in 2004. During her undergraduate years she worked as a respite caregiver at Hospice of Spokane, as a physical therapy aide at St. Luke's Rehabilitation Institute and as an intern with the American

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NOMINATIONS FOR SSWLHC EXECUTIVE COMMITTEE BEING ACCEPTED

It is time you offered a colleague or yourself a professional opportunity!! July is the month where the nominations process for the SSWLHC Executive Committee gets under way. Nominations for SSWLHC elective officers are being accepted by Membership Chair, Linda Batway until August 31, 2006. Officers to be elected for 2007 include: President-Elect, Secretary and Communications Coordinator. Each of these officers is elected for a one-year term.

Terms of Office: The President-Elect is essentially a three year commitment to the Board, serving for one year as president-elect, one year as President, and as Past President. Currently, Diedrich Meinken is President-Elect. He will serve as President of the organization in 2007. The offices of Secretary and Communications Coordinator are one year terms. The secretary is the Chapter recorder, the Communications Coordinator is editor of the chapter Newsletter and will manage the chapter website.

Contact Linda Batway at: lindabatway@harrisonmedical.org or 360-792-6585.

SSWLHC EDUCATION CALENDAR OF EVENTS

- September 15, 2006
Nominations for Board Officers Due
- September 22, 2006
Challenging Discharges, New Services, Technologies, Tools & Tips
September 22, 2006
Stevens Memorial Hospital, Edmonds, WA
- LOOK FOR THE FOLLOWING SSWLHC SPONSORED CONFERENCES
- December 2006
Legislative Forum

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SCHOLARSHIP WINNER, CONT FROM PG. 1

Parkinson Disease Association, cementing her commitment to professional social work in healthcare. Her choice for a senior thesis reflected her belief in cross cultural competence and her emerging interest in geriatric health care. Through an ethnographic process she described frail elder care in a Native American community and presented these findings at the Pacific Sociological Association Annual meeting in 2004. Since her graduation Ms. Lordan has worked for the Social Development Research Group as a survey coordinator where she remains employed part time.

MSW Student: Ms. Lordan has just completed her final quarter of the first year practicum at Cancer Lifeline. For the 2006-2007 academic year she will be completing her advanced practicum at the Seattle Cancer Care Alliance, where she will deepen her knowledge and skills as a social worker in working with people who have cancer.

ACTIVITIES/HONORS: In addition to winning the SSWLHC 2006 scholarship, Ms. Lordan won the UW Retirement Association Scholar of the Year award, 2005-2006, and the Alpha Kappa Delta Sociology Honor Society and Distinction in Major award.

PERSONAL STATEMENT

Verstehen: To deeply grasp or comprehend the meaning intended or expressed by another.

This German word was given to me by my grandfather, who taught me that it involves a person's effort to understand both the intent and the context of human action.

In serving several human service organizations, I have had similar moments which have motivated me towards my goal of a graduate education in Social Work.

In serving terminally ill older adults through Hospice of Spokane, I was deeply moved by the experience and my passion for working with geriatrics was confirmed. From a very young age, I felt connected to this population and maintained a passion for providing older

adults with dignity and quality of life care. Every goal I have since pursued has been aimed at working with older adults.

Provide Quality of Life Care to Minority Elders" One distinct aspect of healthcare that I believe deserves significant attention is in providing quality of life care to minority elders. The last half of the century has seen unprecedented advances in medical technology, leading to longer life expectancies and most noticeably, a growing geriatric population. More specifically, this country is seeing a rapid growth in the minority older adult population. In order to meet the specific needs of minority elders, I find it critical to first explore the challenges these groups have met in terms of access to long term care and inclusion in this nation's history. I am often saddened to meet older adults who have often been overlooked in the healthcare system and are victims of structural inequalities and discrimination. Other problems that minority elders have met throughout their history in this nation have been fear of mainstream services and caregivers, lack of bilingual intervention, and a lack of information given concerning formal assistance. In my own work, I hope to find ways to serve this population while preserving unique cultural attitudes of care in everyday practice. For many, this involves implementing care that focuses on the multigenerational approach.

Elders provide value to Society: Elders are valuable members of our society, as they possess wisdom and tradition that can be passed down to other generations. We can no longer afford to see the older person as a burden. One way that improvements in quality of life care can come about is through improved research that addresses racial disparities in health and long term care.

Oncology Social Work: After earning my Masters degree, I hope to work in geriatric Oncology social work in the Seattle area and will strive to provide culturally competent care. I hope to create a better understanding of the valuable role that older adults serve in our community for those around me. I hope to always work in a way that honors each individual's history and culture through Verstehen.

THE PRESIDENT'S MESSAGE FROM PAM HAITHCOX HEALTHCARE BLUE RIBBON COMMISSION MEETING

GOAL: HEALTHCARE FOR ALL

First Public Forum: On June 22, the Healthcare Blue Ribbon Commission held a public forum in Olympia. There were approximately 200 community members present, representing various sects of health care providers. Among those represented were: NASW, SSWLHC, pharmacists, private home health providers, physical therapy providers, holistic healers, League of Women Voters, students and many others.

The Commission was developed by Governor Christine Gregoire and is co-chaired by the Governor and Senator Pat Thibaudeau. While the mission and vision statements are under development, the main goal of this group is to examine the State of Washington's health care system and to develop a five-year strategic plan that will allow for affordable and accessible health care to all.

Vision and Problem Statements: The morning began with the commission (consisting of 14 members and Governor's staff) discussing the issues, mission, and vision of the Commission. After a lunch break, the community members were divided for small group discussion. It seemed apparent in my small group, that many participants were there to further their own causes or the causes and viability of their professional organizations. The discussion in the small groups was around what the vision and problem statements should include. At this time, there was little to no discussion about the State of Washington's health care system, or the decline in insured citizens of this state.

Fact Sheets Available: There are several fact sheets prepared for the Commission work regarding access, costs, and quality that are available on the web site. Access the Commission plans and information at: <http://www1.leg.wa.gov/Joint/Committees/HCCA/>

MEMBER LIST BLUE RIBBON COMMISSION ON HEALTH CARE COSTS & ACCESS

Governor Christine Gregoire, Co-Chair

Senator Pat Thibaudeau, Co-Chair,
Thibaudeau.pat@leg.wa.gov

Senator Lisa Brown: Brown.lisa@leg.wa.gov

Senator Alex Deccio: Deccio.alex@leg.wa.gov

Senator Linda Parlette: Parlette.linda@leg.wa.gov

Speaker Frank Chopp: Chopp.frank@leg.wa.gov

Rep. Eileen Cody: Cody.eileen@leg.wa.gov

Rep. Bill Hinkle: Hinkle.bill@leg.wa.gov

Rep. John Serben: Serben.john@leg.wa.gov

Insurance Commissioner, Mike Kreidler:
mikek@oic.wa.gov

Secretary Mary Selecky, Dept. of Health:
mcselecky@doh.wa.gov

Director Steve Hill, Health Care Authority:
Shi1107@hca.wa.gov

Assistant Secretary, Doug Porter, DSHS:
portejd@dshs.wa.gov

Asst. Dir, Robert Malooly, Dept of L & I:
Malooly235@lni.wa.gov

Interested in Participating? There will be six additional public meetings of the Commission as they flesh out the issues and resolutions to the nearly 603,000 uninsured Washington residents. The SSWLHC will attempt to have representation at all upcoming meetings. If you are interested in participating, please visit the Commission web site or contact Pam Haithcox, President, SSWLHC, WA Chapter at: Haithcox@u.washington.edu.

SUPERVISION WORKSHOP CLARIFIES MANY PROPOSED REQUIREMENTS FOR SUPERVISION OF SOCIAL WORKERS: RULES MAY BE FINAL AUGUST 2006

The "Everything You Need to Know about Being an Approved Supervisor," conference held June 2 and co-sponsored by NASW and the Washington Clinical Social Work Society, provided important clarifications and updates about the new proposed rules affecting those who want to supervise social workers pursuing licensure.

EFFECTIVE DATE: Laura Groshong, legislative lobbyist for the Clinical Society, reported that the State Department of Health hopes to finalize the rules after this summer's commentary period and make the new rules effective in mid-August, rather than the previously published date of January 2007.

COMMENTARY PERIOD: The DOH is taking feedback until mid-August. Send your comments to Holly Rawnsley, Program Manager, Health Professionals Section 7, Dept. of Health, PO Box 47869, Olympia, WA 98504-7869. Telephone: 360-236 49122; fax: 360-236-4909; email Holly.Rawnsley@doh.wa.gov.

CHANGES TO PROPOSED RULE: Groshong reported that there is an error in the typing of the rules, as published on the DOH website, in the new section, WAC 246-809-334, regarding Approved supervisor standards and responsibilities. To be in line with the Licensed Marriage and Family Counselor and Licensed Mental Health Counselor standards, she said that Section 4 (b) should have read 'and' rather than 'or', to read that a supervisor must have 'Twenty five hours of experience in supervision of clinical practice; and' (c) Two years of clinical experience post licensure for LASWs or five years of clinical experience post certification or licensure (for LICSWs). This means that those L.I.C.S.W.'s without previous supervision experience would

have to gain that experience before being allowed to supervise candidates for licensure. Supervision of students could qualify for that needed experience.

The Clinical Society also wrote a letter to the DOH recommending that the definitions of individual supervision be changed from no more than two candidates to 'no more than one.'

NASW and SSWLHC members present worked with Groshong to also define the word 'peer' in the definitions, since we believed that word to be ambiguous. Since the intent was to have someone with more experience supervising a candidate for licensure, we agreed to language in a letter to DOH that 'peer' be defined as someone with at least two years' more experience than the candidate.

DECLARATION OF MEETING REQUIREMENTS:

Groshong also reported that those who met the requirements for an approved supervisor would need to attest to that fact to licensure candidates they were supervising. She said that the state is working to prepare a template of such an attestation for supervisors to individualize and hand to their supervisees.

DOH to KEEP LIST OF SUPERVISORS: Participants in the workshop asked many questions about how the state would know who was an approved supervisor and who was not. Groshong stated that the DOH would keep a list of approved supervisors, but that process is not yet developed; she emphasized that the burden of proof would be on the supervisor to affirm to the licensure candidate that they met all of the regulations under these new rules.

DOCUMENTATION OF SUPERVISION: Since supervision carries responsibility for the supervisee's practice, Groshong encouraged supervisors to maintain adequate records of the dates and content of supervision.

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SUPERVISION WORKSHOP CLARIFIES REQUIREMENTS, CONT.

Continued from Page 3

CONTRACT RECOMMENDED: In order to clarify responsibilities binding both parties to a supervisory arrangement, Groshong recommended a written contract outlining expectations and content of supervision, and provided a brief template to be used as one possible format. In particular, she suggested that the contract clarify the supervisee's responsibility to disclose the use of an outside supervisor to an agency supervisor, to adhere to values of truth-telling, and to understand consequences of any malpractice or negligence. The supervisor was encouraged to make clear that they had the authority to terminate supervision if a supervisee was not following recommended practices and to report the supervisee to agency personnel and other authorities if the supervisor believed the supervisee was violating social work ethical standards.

IN CASE OF TWO SUPERVISORS: If a supervisee has both an agency supervisor and an L.I.C.S.W. supervisor, Groshong reported that case law has shown that, in the case of a conflict between the two supervisors, the agency supervisor has ultimate authority and responsibility for the supervisee's practice. Participants reported many concerns about how these conflicts might be best handled or mediated. Problems were anticipated with access to documentation, records, and other agency issues of potential confidentiality breaches.

CONSULTATION VS. SUPERVISION: Many supervisors report having just provided clinical consultation, rather than supervision of a supervisee's entire practice. Groshong said she talked with DOH spokesman Bob Nickeloff, who said that consultation was not separate from supervision. She emphasized that 'consultation' was not recognized in Washington State Law, and that the supervisor would be at risk for all the responsibilities of supervision.

MALPRACTICE INSURANCE RECOMMENDED: Groshong stated that the supervisor and supervisee should have the same level of malpractice insurance (at least \$1 million/\$3 million). The policy should include coverage for supervisees, or would require a rider to that effect.

OTHER WORKSHOP CONTENTS: The workshop, led by Groshong, Bill Etnyer, Bonnie Bhatti, Kevin Host, and Karen Hansen, also included content on ethics, self-care, video-taped trigger films for case consultation and group discussion, information on supervision and teaching, and administration. It was attended by approximately 75 very engaged participants.

Contributed by Lynn Carrigan, MSW, SSWLHC & NASW Social Health Policy Co-Chair. She can be reached at lrc@u.washington.edu

IN FOCUS: LEADERSHIP PROFILE

WENDY HWANSHIL LI



Wendy Li is the SSWLHC featured member chosen by the SSWLHC Executive Committee for the July 2006 edition of the Chapter Newsletter. A 1994 graduate of the University of Washington School of Social Work, Wendy is employed as a social worker (2nd floor), for Seattle Keiro Nursing Home, a nursing care facility founded by Japanese community leaders in the Seattle area. Wendy's clinical responsibilities include sub-acute, long term care, and the secure dementia unit.

Educational Background: Wendy received her BSW from the University of Hawaii in Manoa, Oahu in 1992. Following graduation, she entered the UW SSW and received her MSW degree in 1994. Wendy's first year practicum was at Branch Villa Health Care Center (now Leon Sullivan Care Center). Her second year practicum was at the UWMC on the medical/surgical service, urology, and the ICU. To support herself, Wendy worked at the UW Law School Library under the work study program. While an undergraduate, Wendy had worked in the University of Hawaii Law School Library. In the summer between her first and second year, she worked as a research assistant for Edwina Uehara (now UW SSW Dean) on the Mental Health Services Tier system at the Community Psychiatric Clinic.

Employment: Wendy's first full time position following graduate school was an appointment as the Social Services Director at Greenwood Park Care Center (now Health & Rehab of North Seattle). After a year at Greenwood, Wendy did temporary coverage at various nursing homes in the Seattle/Eastside areas including Bayview Manor, Horizon House, Kelsey Creek, and Renton Rehab (now Talbot Center). From 1997 to 1999, Wendy held the position of Social Services Director at Wedgwood Rehabilitation Center until leaving for Seattle Keiro Nursing Home in May of 1999. "I seem to have found my place at Seattle Keiro."

Wendy Hwanshil Li

Leadership Roles: Wendy's leadership abilities were evident while at the UW SSW. She was active as co-chair of the student government. She advocated getting support from students and professors in making sure an Advanced Practice course was created during the 2nd year of the MSW program for those students who wanted a Health focused practice course. There were twelve students in the two quarter Advanced Practice—Health class which Gunner Almgren conducted.

Wendy has co-chaired the Washington Association of Homes and Services to the Aging (WAHSA) Social Work Forum for five years, from 2001 to the current time. The Social Work Forum is a group of social workers employed in 'not for profit' nursing care facilities. These social workers have responsibility for providing clinical services to the residents residing in the facility, as well as administrative duties related to nursing care facility needs and WA State regulations. Many of these social workers work alone and without the Social Work Forum, there would not be an opportunity to share issues and concerns with a peer group. As a co-chair, Wendy is responsible for developing the monthly meetings, arranging for a speaker, location and host for the meeting, and the communications to the membership. Wendy states "I feel the networking and the support that each attendee provides is extremely valuable. The sharing of information (new and old), the professional friendships that help us to survive in the long term care world, and the case consultations are a few of the benefits of continuing to keep the monthly Forum meetings going. Another huge benefit of this group is to keep each other updated on the many changes in the regulations and the long term care world."

In addition, Wendy became co-chair of the Korean Aging Services Coalition in January of 2005. This group meets quarterly and has the similar benefits of the WAHSA Social Work Forum. Members of this group provide services to Korean Seniors in the King, Snohomish, and Pierce Counties.

Awards: In 2005, Wendy was recognized as one of the "Outstanding Practicum Instructors". She has volunteered in that capacity since 2001.

Personal: As a minister's daughter, Wendy has long been in the role of a helper, and a member of a number of church committees. She says that she enjoyed these roles but her goal was to become a physician. When she discovered that pre-med chemistry and biology were not her strong points, she re-evaluated her career options. "I began looking at social work and found I could still be in a health care setting helping patients in a different way. I greatly enjoy working with the geriatric population in this health care setting. It is stressful, but the residents put a smile on my face everyday."

Wendy was born in Korea, immigrated to the US at age 10, and grew up in Oahu, Hawaii. Wendy has four siblings, three sisters, and one brother, who live in California. Her parents are currently living in Tacoma, WA. She enjoys going to fairs of all types, including craft, health, senior, kids, etc., and spends time gardening, cooking (and eating). This summer the family is planning a trip to California to visit Universal Studio, Sea World, and San Diego Wild Life Park. Two years ago, a trip to Disneyland and Lego Land in California was a great experience for Wendy's children Miranda, age 9, and Vincent, age 8. Wendy and her husband, Conway Li, live in Issaquah, WA.

MEMBERSHIP PAGE

SAVE THE DATE!!!**SSWLHC PRESENTS*****CHALLENGING DISCHARGES:
NEW SERVICES,
TECHNOLOGIES, TOOLS &
TIPS*****A PANEL DISCUSSION****FRIDAY SEPTEMBER 22, 2006****8:00 AM – NOON****STEVENS MEMORIAL HOSPITAL****21601 - 76TH AVENUE WEST****EDMONDS, WA 98026****3 HRS CEU AVAILABLE****BREAKFAST PROVIDED****\$20 SSWLHC MEMBERS****\$10 STUDENTS****\$ 35 FOR NON-MEMBERS**

COME AND LEARN ABOUT THE INNOVATIVE CLINICAL AND ADMINISTRATIVE SOLUTIONS TO DIFFICULT PATIENT DISCHARGES. THE DISCUSSION WILL BE CONDUCTED BY LOCAL HOSPITAL AND NURSING FACILITY SOCIAL WORKERS WHO SOLVE THESE PROBLEMS DAILY.

For information: Contact Linda Johnson, MSW,
206-932-3044 or swlkj@comcast.net

SPACE IS LIMITED**SUAREZ CONFERENCE:
A HIGHLIGHT**

The June 3rd conference "Finding Common Ground: Communicating Effectively with Diverse Patients and Co-Workers" by Marguerita Suarez, MA, RN, was a highlight of the year's SSWLHC Educational programming.

Marguerita Suarez is currently the Executive Director of AVANTA, the Virginia Satir Network. From the Satir theory of communication, Marguerita has developed a model to help one understand where the difficulties arise in communicating with diverse patients/clients and staff. This presentation was a wonderful review of everything you learned about communication in social work school and through personal experiences, as well as developing some insight into why some kinds of communications with diverse patients/clients and staff get particular reactions.

The meeting was held at Highline Medical Center's Sommer's Auditorium in Burien. The SSWLHC would like to publicly thank Highline for the use of their beautiful facility.



Marguerita Suarez, AVANTA Executive Director and presenter chats with Diedrich Meinken at the June 3rd Symposium.

MEMBERSHIP PAGE

SSWLHC WELCOMES NEW MEMBERS

The Society is pleased to welcome new members to the organization. Since May, new registrations include the following 13 MSW Students who applied for the 2006 SSWLHC Scholarship:

Richard Austin, Marysville, WA;

Sally Bird Clough, Ferndale, WA;

Caroline Bradbury, Seattle, WA;

Karen Campbell-Wood, Gig Harbor, WA;

Shiu Cheng-Shi, Seattle WA

Michael Greene, Seattle, WA;

Teresa Jones, Seattle, WA

Tiffany Lordan, Seattle, WA

Giola Rizzo, Seattle, WA

Sarah Roberts, Anacortes, WA

Windy Russ, Anderson, IN

Mayura Ueda, Seattle WA

Pamela Woodroffe, Seattle, WA

We hope that your interests coincide with our Chapter focus and committee structure. Please contact the chairperson if you are interested in committee work.

Education: Diedrich Meinken, dmeinken@careforce.com

Membership: Linda Batway, lindabatway@harrisonmedical.org

Newsletter: Jackie Durgin, jackiedurginbeck@comcast.net

Scholarship: Sandi Johnson,

ssjohnson@evergreenhealthcare.org

Social Health Policy: Lynn Carrigan, lcc@u.washington.edu

Local clinicians/administrators joining for the first time include:

Stacy Newton, Clinical Social Worker, Oncology, Children's Hospital and Medical Center, Seattle;

Erin New Ruple, Social Worker, Snohomish,

Christi Sahlin, Social Work Supervisor, Swedish Medical Center, Seattle

Shari Stewart, Social Worker, Providence Hospice of Seattle, Seattle WA

Marilyn Wood, Social Worker, UWMC, Seattle, WA

We are pleased to enclose the 2006 SSWLHC Membership List with the July 2006 edition of the SSWLHC Newsletter.

President:: Pam Haithcox, MSW

President Elect: Diedrich Meinken, MSW

Past Pres: Linda Johnson, MSW

Secretary: Laura Collins, MSW

Treasurer: Erica Taylor, MSW

Communications Coordinator, Jacqueline Durgin, MSW

Member at Large: Alice Chang, MSW

Education Chair: Diedrich Meinken, MSW

Membership Chair: Linda Batway, MSSA

Newsletter Editor: Jacqueline Durgin, MSW

Scholarship Chair: Sandi Johnson, MSW

Social Health Policy Chair: Lynn Carrigan, MSW

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January, March, May, July, September, November

New Federal Medicaid Documentation Requirements For Applicants/Recipients Effective July 1, 2006

Effective July 1, 2006, Public Law No. 109-171 Deficit Reduction Act of 2005 Section 6036 requires individuals to provide satisfactory documentary evidence of citizenship or nationality when initially applying for Medicaid or upon a recipient's first Medicaid re-determination. Copies of the law, the State Medicaid Director Letter that includes detailed information regarding this statute and the specific documents that are recognized as satisfactory documentary evidence of citizenship and identity and an associated Medicaid Fact Sheet are contained in the Downloads section on this page.

Primary citizenship documents include U.S. passports, issued by the State Department, and Certificates of Naturalization, and Certificates of Citizenship, issued through the Department of Homeland Security. Secondary documents can be used when primary documents are not available, and include birth records, certifications of report of birth, consular reports of births abroad of U.S. citizens, certifications of births abroad, U.S. Citizen Identification Cards, American Indian cards, Northern Mariana Cards, final adoption decrees, evidence of civil service employment by the U.S. government, and official military record of service.

Third level documents include extracts of hospital records on hospital letterhead, life or health or other insurance records. Fourth level documents include federal or state census records, tribal records, statements from physicians or midwives attending births, institutional admission papers showing biographical information, medical records, and written affidavits (in rare circumstances).

Evidence of Identity: In addition, evidence of identity must be established when primary citizenship documents are not utilized. Identity documents include drivers' licenses, school identification card, U.S. military or draft records, ID cards issued by the Federal, State or local government with information similar to that on drivers' licenses, military depend-

ents' identification cards, tribal documents, U.S. Coast Guard Merchant Mariner card, or certificates of degree of Indian blood, if a photograph is included.

Previous Processes: Prior to passage of the Deficit Reduction Act, enacted February 8, 2006, applicants had to declare under penalty of perjury that he/she is a national or citizen of the U.S., or has satisfactory immigration status. They did not have to do anything else to support that claim except in some states or when they declared they were aliens in a satisfactory immigration status. Self-attestation of citizenship is no longer an acceptable practice. States must implement an effective process for assuring compliance with documentation of citizenship in order to obtain Federal matching funds, and effective compliance will be part of Medicaid program integrity monitoring.

Downloads of the full texts of the law and details of the allowable documents are available through the CMS website:

Public Law No. 109-171 Deficit Reduction Act of 2005 Section 6036[18 kb pdf]

Medicaid Fact Sheet[102kb pdf]

SMD Letter Improved Documentation of Citizenship[7mb pdf]

The above article was downloaded from the Centers for Medicare and Medicaid Services website: http://www.cms.hhs.gov/MedicaidEligibility/05_ProofofCitizenship.asp



CENTER ON BUDGET AND POLICY PRIORITIES CRITIQUES THE NEW LAW

HHS GUIDANCE WILL EXACERBATE PROBLEMS CAUSED BY NEW MEDICAID DOCUMENTATION REQUIREMENT

On June 9 — just three weeks before this new requirement will take effect — the Centers for Medicare & Medicaid Services (CMS) at the U.S. Department of Health and Human Services issued guidance to state Medicaid agencies explaining the requirement and what individuals and states must do to comply with it.[2] The guidance makes the documentation requirements far more burdensome on U.S. citizens and state Medicaid agencies than is required by the DRA or needed to ensure that U.S. citizens are in fact U.S. citizens.

U.S. citizens who apply for Medicaid and meet all eligibility criteria cannot receive coverage for needed health or long-term care services until they have produced the required documents proving that they are citizens. The guidance prohibits states from making coverage available while the applicant attempts to obtain a passport or birth certificate. Delaying coverage for applicants in this way is a significant departure from the draft guidance that HHS circulated in May. The draft guidance would have allowed U.S. citizens who meet all other eligibility requirements to receive Medicaid coverage while they obtain the documents that prove their citizenship. By contrast, under the final guidance, low-income children, parents, seniors and people with disabilities who have applied for passports, copies of their birth certificates, or other documents will be denied coverage for health care services while they wait for government agencies to provide these documents.

The documentation requirement will even apply to seniors and people with physical or mental disabilities who are Medicare beneficiaries, as well as to seniors and people with disabilities who receive SSI benefits, all of whom have already had their citizenship verified by the Social Security Administration. Many of these people may now be in a physical or mental state that makes it difficult, if not impos-

sible, for them to produce these documents and in some cases, even to comprehend what they are being asked to do. (See Article, Pg. 12)

State Medicaid agencies will have to obtain documents showing that U.S. citizen children in foster care are citizens, even though state child welfare agencies have already verified that fact in determining these children's eligibility for federal foster care payments.

These provisions are likely to result in delays and outright denials of coverage for many U.S. citizens applying for Medicaid, as well as the loss of coverage for many U.S. citizens now enrolled in Medicaid. As a result, the number of uninsured American citizens is likely to rise significantly, and the amount of uncompensated care provided by hospitals and other health care providers is likely to increase markedly as well. The requirement jeopardizes Medicaid coverage for 3-5 million citizens.

About one in twelve (8 percent) U.S.-born adults aged 18 or older with incomes below \$25,000 report they do not have a U.S. passport or U.S. birth certificate in their possession, according to a nationally representative telephone survey of 2,026 adults commissioned by the Center and conducted January 12-16 by the Opinion Research Corporation. Applying this percentage to the number of adult citizens covered by Medicaid over the course of a year indicates that approximately 1.7 million U.S.-born adults could lose Medicaid because of the new requirement or experience delays in obtaining coverage as they attempt to secure these documents.

More than one-tenth of U.S.-born adults with children who have incomes below \$25,000 reported they did not have a birth certificate or passport for at least one child. This indicates that between 1.4 and 2.9 million children enrolled in Medicaid appear to lack the needed paperwork.

Taken together, the survey indicates that Medicaid coverage

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ON JULY 7, 2006, DOCUMENTATION REQUIREMENTS EXEMPTED FOR MEDICARE/SSI RECIPIENTS

Class Action Lawsuit to Begin 7/10/06: Today in Chicago, Federal District Court Judge Ronald Guzman established an expedited schedule for hearing the class action lawsuit challenging the new Medicaid citizenship documentation law. The law went into effect on July 1. According to the judge's schedule, factual discovery proceedings may begin this Monday, July 10.

Deficit Reduction Act: The Medicaid documentation law was part of the Deficit Reduction Act (DRA) that was enacted in February 2006. It required Medicaid beneficiaries, and those applying to the program, to provide passports, birth certificates, and other documentation proving their U.S. citizenship. Failure to do so disqualified low-income beneficiaries and applicants from Medicaid coverage. Prior to the DRA, citizenship documentation was generally required only of people whose citizenship status was in doubt. Yesterday, the U. S. Department of Health and Human Services (HHS) exempted Medicare and Supplemental Security Income (SSI) beneficiaries from the Medicaid documentation requirement.

NEW LAW CRITIQUED BY CBPP

Continued from page 11

could be in jeopardy for 3.2 to 4.6 million U.S.-born citizens because they do not have a passport or birth certificate readily available.

According to their website, (<http://www.cbpp.org/info.html>), the Center on Budget and Policy Priorities was founded in 1981 to analyze federal budget priorities, with particular emphasis on the impact of various budget choices on low-income Americans. It is one of the nation's premier policy organizations working at the federal and state levels on fiscal policy and public programs that affect low and moderate income families and individuals. The Center conducts research and analysis to inform public debates over proposed budget and tax policies and to help ensure that the needs of low-income families and individuals are considered in these debates. They also develop policy options to alleviate poverty, particularly among working families.

By Lynn Carrigan, MSW

Families USA Assisting Plaintiff: Families USA, the national organization for health care consumers, is helping plaintiffs' attorneys with the lawsuit and is coordinating efforts to repeal the citizenship verification law. The following is the statement of Ron Pollock, Families USA's Executive Director, about yesterday's HHS regulations and today's court proceedings:

40 M People at Risk: "The Administration's decision to exempt seniors and people with severe disabilities from the Medicaid citizenship documentation requirement is most welcomed. However, it still leaves more than 40 million low-income people at risk of losing their Medicaid coverage and joining the ranks of the uninsured. This law was the product of political pandering on the immigration issue. Tragically and ironically, however, it could cause millions of U. S. citizens who desperately need health care, and who can't produce the required citizenship documents, to lose their health care coverage.

"It is critically important that remedial action occurs quickly, either by the Congress repealing the law or the Federal District Court enjoining it, so that Medicaid beneficiaries don't lose their health lifeline."

As we went to press, this information had just been received. While it now exempts Medicare and SSI recipients, millions of individuals may still lose their Medical coverage due to the new requirements.

PHARMACY BOARD RECEIVING INPUT ON PROPOSED RULE FOR PHARMACISTS UNWILLING TO DISPENSE LEGAL MEDICATIONS FOR RELIGIOUS OR MORAL REASONS

By Lynn Carrigan, MSW, SSWLHC Social Health Policy Chair

Ethical Firestorm: A medical ethics firestorm was unleashed last month: should pharmacists be allowed to refuse to dispense medications that they believe violate their religious or moral values?

New Rules Proposed: The Washington State Board of Pharmacy on June 1, 2006, proposed new rules to address concerns raised by the Washington Pharmacy Association regarding situations in which pharmacists "cannot" dispense requested prescription medications. Not stated is the context for the new proposed rule, which is a response to the state pharmacy association members' objections to the emergency contraceptive pill, commonly called Plan B or morning-after pill, which some equate with abortion.

The language in the proposed rule seems innocuous. WAC 246-863-095 (1) regarding Pharmacist's Professional Responsibilities state that "Pharmacists and pharmacy ancillary personnel shall not obstruct a patient in obtaining a lawfully prescribed drug or device. If a pharmacist cannot dispense a lawfully prescribed stocked drug or device, then the pharmacist must provide timely alternatives for the patient to obtain treatment. These alternatives include but are not limited to referring a patient or patient's agent to another on-site pharmacist; if requested by patient or their agents, transfer the prescription to a pharmacy of the patient's choice; providing the medication at another time consistent with the normal timeframe for the prescription; consulting with the prescriber to provide an alternative medication therapy, return unfilled lawful prescriptions to the patient or agent; or provide to patient or agent a timely alternative for appropriate therapy."

Governor Gregoire Responds: Governor Christine Gregoire immediately issued a public rebuke, responding on June 1 to the draft pharmacist refusal rules. The Governor's web

site printed her comments as follows: "I strongly oppose the draft pharmacist refusal rules recommended by the Washington State Board of Pharmacy today. The rules under consideration fail to protect Washington families from pharmacists who refuse to dispense lawful prescriptions. They are fraught with contradictory, bureaucratic language that makes unclear a pharmacist's responsibility."

Clear Guidelines Expected: "I expect the Board to develop rules that provide clear guidance and protection to the public. It is my hope that the Board will develop rules that put patients first."

Women's-health advocates such as Planned Parenthood and the Northwest Women's Law Center also responded with concerns that the language was too vague to protect patients from discrimination, since the proposal is not specific about what constitutes obstruction.

An article in the Seattle Times on June 2, written by Cara Solomon, reported on the debate. She states that pharmacy board members said that language was designed to prevent pharmacists from tearing up prescriptions or otherwise discouraging patients. Planned Parenthood has reported several such incidents in Washington, though the board has not gotten any official complaints.

Debate Continues to be Heated: Solomon said the debate over a new rule has been heated since January, when the private Pharmacy Association presented the pharmacy board with a proposal that would have allowed pharmacists to refuse to dispense medication on moral grounds. Since then, she reported, the board has heard from hundreds of citizens in public hearings in Tumwater and Yakima and has fielded about 6,600

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letters, most opposed to the proposal. One letter was signed by 71 groups, including the Governor's Council on HIV/AIDS and the American Academy of Pediatrics of Washington.

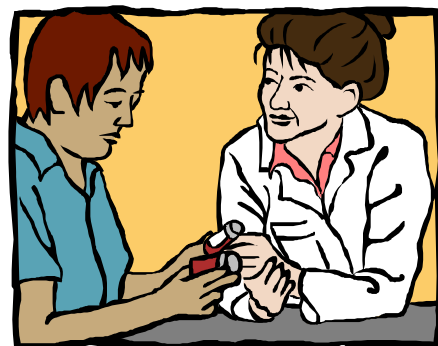
Women's-health advocates were encouraged when the board drafted a new proposal that said pharmacists "shall dispense" any lawful prescription unless there is another pharmacist on site to fill the prescription without delay. However, board member Donna Dockter, a Seattle pharmacist, urged the board to draft an alternate proposal more similar to the one the Pharmacy Association originally offered. As the board considered both proposals, Dockter listed several reasons a pharmacist might refuse to dispense medication, including suspecting the prescription would be sold to others or used in a harmful way.

Nancy Sapiro, an attorney with the Northwest Women's Law Center, calls the policy "refuse and refer." Quoted through National Public Radio, Sapiro said, "One, it is ambiguous, and two, it also specifically creates an out for pharmacists who choose to refuse to fill prescriptions on their personal beliefs." Sapiro says a lawsuit is possible. Supporters - including members of the pharmacy board - call the compromise good for pharmacists and patients. The plan still has to go through a public comment process before it takes effect.

Public Hearing, Aug. 3, 2006: The proposal, which the pharmacy board approved unanimously for consideration, is slated for a public hearing Aug 31 in Kent, WA. Then the board will vote again, this time whether to adopt the rule.

Once the board acts, only the state Legislature could change the rule, or possibly a statewide initiative, the governor's office said.

For further information on the meeting, check the Pharmacy Board's Web site, <https://fortress.wa.gov/doh/hpqa1/HPS4/Pharmacy/default.htm>, closer to the date.



CITY CLUB FORUM HOSTS DHHS SECRETARY LEVITT: FURTHER HEALTH CARE CUTS ANTICIPATED

By: Lynn Carrigan, MSW

SUBJECT: CONVERSATION WITH MICHAEL LEVITT, SECRETARY OF HEALTH AND HUMAN SERVICES

Former Utah Governor Michael Levitt, Secretary of the Department of Health and Human Services, spoke at the City Club Forum on Thursday, July 6th. The Forum topic, moderated by news anchor, Kathi Goertzen, was Health Care Costs and Options. Levitt has replaced HHS Secretary Tommy Thompson at the Federal level. UW School of Social Work faculty members Lynn Carrigan and Nancy Amidei attended and filed the following report.

Government has little role in changing the health care system. Michael Levitt is a proponent of transparency in medical billing, better electronic records access, improved quality outcomes, and more consumer responsibility for healthy lifestyles. He believes the government does not have much of a role in changing the health care system; rather he believes consumers are the key to needed improvements.

Health Savings Account Contributions Necessary. First, Levitt said, we need 'to be willing to care', rather than ignore health care costs and issues because we have insurance. He thought we should all contribute to Health Savings Accounts that would force us to be more aware of costs and to make the choice for generic drug options.

The Uninsured should negotiate better rates for themselves. He said the uninsured could improve their state by negotiating better rates for themselves, rather than accepting the billings they were getting for the full charges of their care. Groups like Puget Sound Health

Care Alliance that are developing standard measures of quality and working cooperatively with providers and insurers, are his idea of systems change from within.

Prepare Individually for Pandemic. Levitt expressed concern that 16% of the gross national product is spent on health care and knows Canada spends 8%, with better outcomes. Yet, he drew no connections between our system of health care and theirs. He discussed government preparations for an anticipated avian flu pandemic and the lessons from Katrina, but could not articulate any larger concepts about global health. Again he responded that the best way to prepare is on an individual basis.

Welfare Work Requirements Coming. Regarding welfare reform, Levitt touted the 'dramatic reduction of 60% in 10 years' and is planning to 'reboot the 50% work requirement'. At least half of everyone now left on welfare will be required to meet work requirements again.

Speaking to Medicare Part B, Levitt said costs are falling by 40% and that there has been a 50% increase in prescription drug coverage. He seemed pleased and shrugged off concerns about the rollout of this complex program.

Doctors to be Cut Another 4% in Reimbursement. Asked by attorney Jeff Coopersmith about reimbursement rates for doctors working with Medicare patients, Levitt said it would get worse: "They are about to be cut another 4%."

Medicaid Documentation of Citizenship "Meant to be Inclusive". Asked about the Medicaid documentation of citizenship requirements now in force through the Deficit Reduction Act, he asked for written feedback and said an interim rule was to be passed that same day, with a 30 day comment period. "Our intent is to be inclusive," he said, in direct

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opposition to the title of the bill being referenced.

To a question about cuts to mental health case managers, he responded, "Everyone knows how difficult comprehensive care is."

The silence in the room after each remark was deafening. Filled with representatives from Fred Hutchinson, the UW Schools of Public Affairs and Social Work, the Puget Sound Blood Center, and other health care providers, the audience was Seattle polite, grimly smiling and quiet. Five people were able to come to the microphone. Their comments were limited to 20-30 seconds, and every response came back to individual responsibility. In my opinion, the conversation seemed one-sided, party line, on message, controlled, and disconnected from real world problems. Did we expect otherwise?

Lynn Carrigan is the Social Health Policy Chair for SSWLHC WA Chapter, and Co-Chair of the NASW Legislative Action Committee. She can be reached for comment at lrc@u.washington.edu.

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ALERT! ALERT! ALERT! YOUR ASSISTANCE IS NEEDED!

The SSWLHC National Organization's Advocacy Committee requests your help with two very important issues that will directly impact the patients that we serve.

Stop Spending Cuts: One issue involves a White House plan to significantly cut Medicaid using the regulatory process, bypassing Congress. Please review the following link (<http://www.sswlhc.org/docs/june-medi-alert.pdf>) and contact your Republican representatives, senators and governors by as soon as possible (no later than July 21, 2006) and urge them to call the White House immediately with this message: "Stop any proposed administrative spending cuts in Medicaid."

Case Examples? The second issue relates to the 3 mid-nights qualifying stay for the Medicare SNF Extended Care Benefit rules which are being challenged in court by The Center for Medicare Advocacy. The Center for Medicare Advocacy is looking for case examples of patients who were negatively impacted by this Medicare rule.

Learn more on how you can help by reviewing the following link and, if you can help, please contact The Center for Medicare Advocacy by July 24, 2006:

(<http://www.sswlhc.org/docs/medi-adv-doc2.pdf>)

