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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. fax	Personal (Partial) (3 pages)	n.d.	P6/b(6)
002. memo	Personal (Partial) (1 page)	12/19/1995	P6/b(6)
003. letter	Personal (Partial) (1 page)	12/13/1995	P6/b(6)
004. fax	Personal (Partial) (1 page)	12/19/1995	P6/b(6)
005. letter	Personal (Partial) (1 page)	12/19/1995	P6/b(6)
006. fax	Personal (Partial) (4 pages)	n.d.	P6/b(6)
007. note	Personal; DOB (Partial) (1 page)	n.d.	P6/b(6)
008. memo	Personal (Partial) (1 page)	12/07/1995	P6/b(6)
009. memo	Personal (Partial) (1 page)	12/09/1995	P6/b(6)
010. paper	Personal (Partial) (5 pages)	ca. 10/1995	P6/b(6)
011. fax	Personal (Partial) (4 pages)	n.d.	P6/b(6)
012. fax	Personal (Partial) (6 pages)	n.d.	P6/b(6)
013. fax	Personal (Partial) (1 page)	n.d.	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Jennifer Klein
OA/Box Number: 10856

FOLDER TITLE:
Medicaid Stories

2014-0209-S
ms762

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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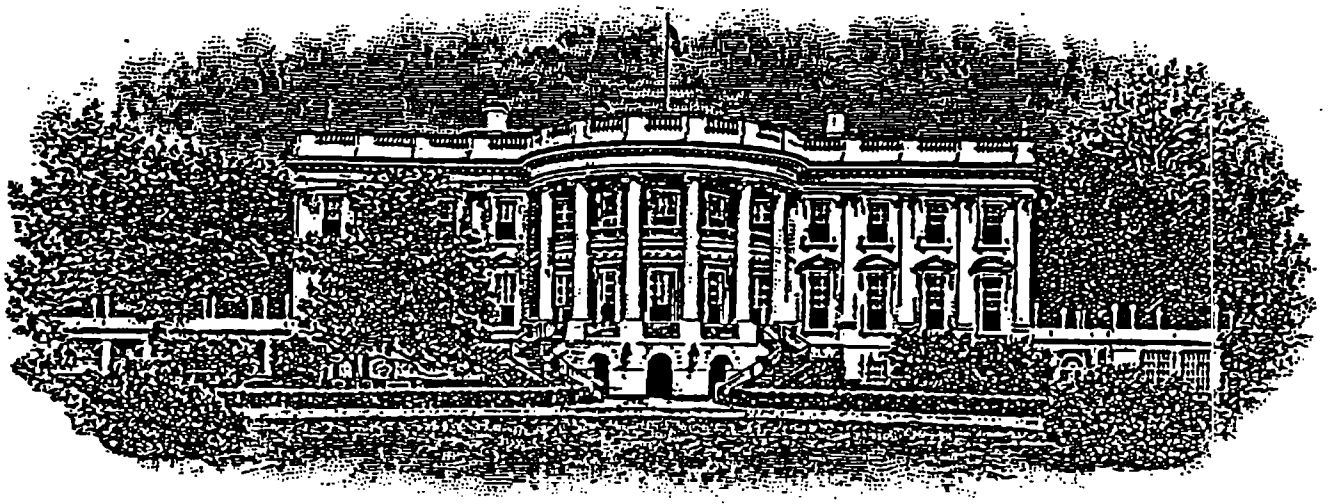
The White House



DOMESTIC POLICY

FACSIMILE TRANSMISSION COVER SHEET

TO: Jennifer Klein

FAX NUMBER: 6-2878

TELEPHONE NUMBER:

FROM: Sarah B.

TELEPHONE NUMBER:

PAGES (INCLUDING COVER):

COMMENTS: More personal stories from Nat'l Citizens Coalition for Nursing Home Reform.

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[001]

National Citizens' Coalition for
NURSING HOME REFORM

Elma Holder, *Executive Director*
Scott Severns, *President*

1424 16th Street, NW, Suite 202
Washington, DC 20036-2211

Phone: 202-332-2275
FAX: 202-332-2949

Mrs. Merle Davis
contact: Dorothy Garrison (daughter)
3313 Autumn Ridge Drive West
Mobile, AL 36695
(334) 660-9458

Mrs. Merle Davis was 85 years old [redacted] Her goal was to return home after completing therapy. Mrs. Davis was inadequately assessed and did not receive the care she needed. Mrs. Davis' therapy lasted 10 days. [redacted]

Mrs. Davis entered a second nursing home, Crowne Nursing Center. Soon after her admission, the family learned about the Nursing Home Reform Act. Because she and her family were aware of residents' rights, the ombudsman program, and the responsibilities of the nursing home, staff were not allowed to drug Mrs. Davis with psychoactive drugs or to restrain her. Moreover, her family got involved with care planning conferences. The nursing home tried to discharge Mrs. Davis because she would not consent to use psychoactive drugs and physical restraints.

Mrs. Davis continued to live at Crowne and received more appropriate care. Her condition improved and her ability to perform activities of daily living increased. In June 1995, Mrs. Davis left the nursing home and lives with her daughter. Today, she walks with a walker and goes on family outings and vacations.

Larry Daspit
Helen Daspit (wife)
contact: Sue Harang
5200 Highway 22
Madisonville, LA 70447
(504) 845-2521

Mr. Larry Daspit [redacted] and lives in a Louisiana nursing home. Helen Daspit it willing to talk about how the Nursing Home Reform Act has helped her fight for good care for her husband. We are expecting more information about Mr Daspit and will

forward is to you when it arrives. There is some indication that Mrs. Daspit may be wiling to talk with you directly.

Edna Snow
Robert Snow (son)
contact: Citizen Advocates for Nursing Home Residents
Butler, WI 53007-0104
(414) 783-7161

Edna Snow was living in a Michigan nursing home from 1988-1989 (b)(6) She entered a rehabilitative facility and progressed nicely. (b)(6) (b)(6) (b)(6) Facility staff did no assessment and care planning for Mrs. Snow. (b)(6) (b)(6) (b)(6) The resident assessment and care planning provisions of the Nursing Home reform Law would have prevented this occurrence.

Chris Wessel
contact: Dan Wessel (son)
P.O. Box 1195
Davis, CA 95617-1195
(916) 758-3000

Chris Wessel is a resident of a nursing home in Northern California and his son, Dan, was recently prohibited from visiting him in the evening after work because the facility had imposed new visiting hour restrictions. California law allows such visiting hours, however, the Nursing Home Reform Law states that a nursing home resident has the right and the facility must provide immediate access to any resident for a visit by immediate family members. When a complaint was filed with the California State Department of Health Services, they replied that there was not a violation as the restricted visiting hours met state guidelines. After it was pointed out that federal law forbids such visiting restrictions, the state reviewed their position and took a position parallel to the federal regulations.

Lucy Campbell (deceased)
contact: Chip Shelnutt (son)
915 Selma Blvd.
Stanton, VA 24401
(540) 886-1071 (after 4 p.m.)

Mrs. Lucy Campbell was admitted to Shannandoah Nursing Home in Fishersville, VA. A local Medicaid agency worker figured her co-payment wrong and, as a consequence, the nursing home was paid too much. Medicaid recovered the (b)(6) from the nursing home. In turn, the nursing home billed Mrs. Campbell for the money, but she did not have any and already qualified for Medicaid. The nursing home also tried to recover the money from her son, Chip, who had power of attorney. Mrs. Campbell was evicted to a hospital for non-payment. The nursing home refused to take her back. The transfer and discharge protections of the Nursing Home Reform Law were successfully used to readmit her to the nursing home. Chip Shelnutt, a teacher, is articulate and willing to talk.

---

contact: Corliss Brown (daughter)
168 E. Johnson Street
Harrisonburg, VA 22801
(540) 434-5972 (after 4 p.m.)

Mrs. Brown's 60 year old mother has lived in a nursing home for 12 years. She is (b)(6) (b)(6) She was discharged to a hospital (b)(6) and the nursing home refused to readmit her. The Medicaid appeals office told the nursing home to readmit the resident. Before the nursing home would take the resident back, the Medicaid agency had to threaten elimination of Medicaid reimbursements. In the meantime, the hospital discharged the resident to another nursing home. As a result, (b)(6) (b)(6) and her health deteriorated rapidly. Using the transfer and discharge protections of the Nursing Home Reform Law, Mrs. Brown's mother was finally readmitted to the nursing home she had lived in for 12 years and remains in a much more stable condition..

---

contact: Ann See
P.O. Box 551
Harrisonburg, VA 22801
(540) 433-1830

Before the implementation of OBRA, in 1989 a resident was discharged with 5 only days notice instead of the required 30 days. An ambulance sent the resident to his home. The resident did not have the protection of the Nursing Home Reform Law, making it very difficult to stop this transfer.

Mary Fitzpatrick
111 Milton Road
Dickson, Tennesssee 37055
615-441-2041

Please see attached information.

y:\jae\contact.wpd

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~~Diana~~ [002]

THE WHITE HOUSE

WASHINGTON

cc Chris J
Jen Klein
FYI, From Diana

December 19, 1995

MEMORANDUM FOR THE PRESIDENT

FROM: CAROL H. RASCO

Subject: Medicaid

I have never sent you a letter I have personally received, but I felt this one merited special attention. I felt a real kinship with this father as he wrote of his dear son Jay whom you and I met last year in the Oval Office on (b)(6) His son like Hamp depends on Medicaid, and yet many people do not see our children as medicaid beneficiaries....and many people do not realize our children would not have a very fulfilling life without it...true Hamp would still be alive unlike Jay perhaps, but Hamp wouldn't have any insurance nor his group home which in some senses would be no life of any quality.

I have sent Dan Minish an immediate fax reply as I wanted him to know how much we appreciate his support and have encouraged him to continue to speak out forcefully.

Thank you.

cc: Jeremy Ben-Ami
Patsy Fleming
Jeff Levi

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DEC 18 1995

[003]

File Solutions, Inc.

December 13, 1995

Mrs. Carol Rasco
Domestic Policy Advisor
The White House
Washington, DC 20500

Dear Mrs. Rasco:

A year ago this month my son Jay and I were invited guests at The White House for (b)(6) (b)(6) As you may remember, Jay, (b)(6) (b)(6) (b)(6) You and I also talked about this matter, and through your intervention we were able to break through the red tape and receive (b)(6) within a matter of days. Consequently, Jay's insurance coverage did not expire on January 31st and was extended to December 31st of this year.

Since that time, I applied for Medicaid benefits for Jay so that he would have coverage when the COBRA benefits expire later this month. During the application process I was told to not be optimistic, that since Jay did not require nursing home care it would be doubtful that he would be approved. However, in August I was notified that Jay had indeed been approved for Medicaid benefits. To say that this was another blessing from God, just as was our totally unexpected visit to The White House last year, would be an understatement! When COBRA expires December 31st, Jay's approximately (b)(6) per year in medical treatment expenses will continue to be covered. I wanted to take this opportunity to share this information with you.

Another reason for my writing is to express my concerns with the concerted efforts by the Republican controlled Congress to dramatically cut Medicaid funding. After hearing President Clinton's words on this year's observance of World AIDS day, it is obvious that our feelings on this subject are very much aligned. If the Republicans are successful in making drastic cuts in Medicaid, where will that leave people like my son? With there being no relief in sight in changing the insurance industry's position on "pre-existing conditions" and "lifetime maximums" Jay, and the thousands of people like him, are caught very much between the proverbial rock and a hard place. Not only does it seem that Congress is intent on ignoring President Clinton's vitally needed health insurance reforms, but they are moving headlong into exacerbating the already serious situation with their efforts to water down Medicaid. Medicaid was to be a literal lifesaver for the Minish family, but now....

340 Tom Reeve Drive, Carrollton, Georgia 30117
~~(404)~~ 836-5233 FAX ~~(404)~~ 830-1908
The File Solution, and other computer hardware, software and supplies.

Mrs. Rasco, Jay Minish is just one person among thousands, probably millions, who is affected by this situation, but he has a voice on this matter, and so do I. Simply stated, if there is anything that we can do, whether it be write, speak out, whatever, please call on us. Not to overstate, but this could very well be a life or death situation.

Sincerely,

Dan Minish

Dan Minish

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[004]

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

19-Dec-1995 08:51am

TO: FAX (9-1-404-830-1908,Minish,Dan)

FROM: Carol H. Rasco
Domestic Policy Council

CC: Jeremy D. Benami FYI
CC: Patsy Fleming FYI
CC: Jeffrey Levi FYI
CC: Julie E. Demeo : for files

SUBJECT: Greetings!

Dan:

Thank you for your letter of December 13. Seldom does a letter touch me as yours did....and even more seldom do I use a fax to answer a letter but I wanted you to have a response immediately.

As you spoke of the Republican efforts on Medicaid I felt a real kinship with you... (b)(6) (b)(6) (b)(6) Many people do not see your son (b)(6) as Medicaid patients, and yet there are many families in American like yours and mine who experience daily the very positive benefits of this program. I hope you will continue to share your feelings far and wide....the Jays and Hamps throughout the country need our voices and as many others as possible.

The President's strong voice is one that is working hard daily for our children. I will make certain he sees your letter today.

I wish for you, Jay and all your family a joyous holiday season and a very Happy New Year! I will continue to look forward to hearing from you.

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[005]

EXECUTIVE OFFICE OF THE PRESIDENT

19-Dec-1995 09:02am

TO: Diana M. Fortuna
TO: Deborah L. Fine

FROM: Carol H. Rasco
Domestic Policy Council

SUBJECT: AIDS patient

FYI: I will have Julie cc you all on a memo I am sending to POTUS with a back up letter and my faxed response to the father in Georgia whose son Jay joined us (b)(6) in the Oval Office last year....the good news is that Jay has gotten his COBRA benefits about which he spoke to POTUS last year and he has been approved for Medicaid as of the end of this year. The bad news is that of course this father is very worried about the future of medicaid...if we do any future events like the one Mrs. Gore is or will be doing (b)(6)

(b)(6)

Thanks.

ALZHEIMER'S® ASSOCIATION
Someone to Stand by You

Additional Medicare / Medicaid Stories

FAX COVER SHEET

DATE: 12/14/95

TO: Sara Bianchi

ORGANIZATION:

FAX # ( ) 456-7431

OF PAGES 5

FROM: *JUDITH RIGGS* PH: (202) 393-7737 FAX: (202) 393-2109

MESSAGE:

Call us or the Long Term Care Campaign if you would like to get in touch with any of these folks. (Note: Elaine from Galesburg Michigan is not available.)

More coming

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOC. INC.

Washington Office: 1319 F St., NW, Suite 710 • Washington, DC 20004 • Phone: (202) 393-7737 • Fax: (202) 393-2109

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The Faces of Medicaid*

[006]

CLAUDIA AND HARVEY

(b)(6)

A family struggles to pay for nursing home care

Harvey began exhibiting the symptoms of Alzheimer's disease in his mid-50s. He lost his job as a credit manager, and tried to find work he could still handle, working as a janitor at Creighton University for a while. But eventually, Alzheimer's caught up with him, and for the past 7 years, he has lived in a nursing home. After years working in department stores, Claudia had just opened her own small women's clothing store. But when the bills for Harvey's care began to come in, she had to give that up. Within two years, they used all of their savings to pay over $80,000 in nursing home bills: and Harvey now qualifies for Medicaid. Most of his social security check -- $755 a month -- still goes to the nursing home. (Medicaid picks up the balance.) Claudia gets $253 from Harvey's check, under spousal impoverishment rules. She works in a local department store to get enough money to make the house payments, pay for insurance, utilities and food. As she says, she goes from pay day to pay day, never knowing for sure whether there will be enough to make ends meet. (Claudia is starting a new job with a new store that is just opening. It means a slight increase in her salary, but she will not have any more money because the amount she is allowed to keep from Harvey's check will be reduced -- and that will go to the nursing home.) Harvey's nursing home now costs over $3,000 a month. They have no way to pay that bill without Medicaid.

DAVID

(b)(6)

Medicaid allows a young man to work and live independently

David is a 30 year old man who lives independently and works three days a week at the (b)(6) (b)(6) *Independent Living Foundation as a Public Information Coordinator. In 1990 when he was a college student, David had an accident that left him a quadriplegic. After a three month hospital stay and another three months of rehabilitation, David was ready to continue with his life. Medicaid home and community-based services allows David to do just that. Medicaid paid for the purchase of an electric wheelchair which enables David to be mobile and independent. Medicaid pays for the Personal Care Attendants who assist David in his home daily. PCA services are provided eight hours a day and they help David bathe, dress, transfer, prepare food, do laundry and work on range of motion exercises. David's employer provides health insurance coverage, but the policy does not include the long term services and supports David needs to live independently and work in the community. Medicaid has made it possible for David to rent his own place and work several days a week at a job he enjoys.*

BOB AND SHARON

(b)(6)

A family struggles to keep their mother at home

Bob and Sharon met at the Rochester Institute of Technology, married and moved to (b)(6) *in 1981 when Bob went to work for DuPont. Sharon was stricken with multiple sclerosis in 1983 while she was pregnant with her second son, Matthew. Though bedridden for two years, Sharon fought back, even re-qualifying for her driver's license. In 1988, her condition deteriorated rapidly and she*

* If you want to speak to any of these Medicaid consumers, call the Long Term Care Campaign at (202)434-3744 [illegible] phone numbers and addresses.

BOB AND SHARON (continued) [redacted] (b)(6)

became completely disabled. She cannot talk and communicates only by signaling "yes" or "no" with her eyes. She eats and takes medication through a tube in her stomach and is bedridden 24 hours a day. Sharon's two sons, Matthew and Mark help their dad care for her. Medicaid home care allows her to live with her family, providing the care that allows her to stay out of a nursing home. Bob says "My objective is to keep my wife and family together for as long as possible....Cuts in Medicaid would force us to put her into a nursing home."

ELAINE AND STEWART Central Michigan

A family spends everything they have-- Medicaid provides a safety net

Stewart spent 17 years in a small law practice, then was ordained a Lutheran minister and spent the next 25 years as a pastor. He and Elaine raised their children and saved for their retirement. Then Stewart got Alzheimer's disease. Elaine cared for him at home as long as she could, but she became ill and simply couldn't provide all the care he needed. When Stewart finally had to move to a nursing home, Medicare was no help because the kind of care he needed was considered "custodial". Elaine liquidated every asset they had -- life insurance, savings, IRAs -- and spent it to pay for his care. Finally, she spent everything except the $17,000 Michigan allows her to keep under spousal impoverishment rules. Elaine now spends half of her remaining income on her share of the nursing home bill; Medicaid pays the balance. This leaves her with about $1200 a month to live on. With nursing home expenses running $100 a day, even if Elaine spent every penny she had left, she would not have enough to pay the bill without help from Medicaid. Bringing Stewart home again is not an option -- Elaine is just not strong enough to provide the round-the-clock attention and physical care he requires.

LOUISE AND STEWART [redacted] (b)(6)

Home and community-based services allows a husband to keep his wife out of a nursing home

Stewart has been a caregiver for his wife Louise for eight years. For seven of the past eight years, Louise has been able to remain at home with her husband with the help of Medicaid home and community-based services. When she first received services in 1988, she was unable to walk and communication was difficult -- consisting of an occasional word or sentence. Louise needed assistance with all activities of daily living and instrumental activities of daily living. Today, Louise is bedbound. She can no longer speak and must be fed. Though working hard to provide care for Louise, Stewart has health problems of his own, including prostrate cancer and an injured back which prevents him from doing any lifting. Because of these problems, Stewart is unable to give Louise all the care that she needs. But the home and community-based services Louise receives has allowed her to remain at home. An aide comes to their home for two hours a day, five days a week to give Louise a bath, feed her and change the bed. During these two hours a day, Stewart is able to run errands, go to the grocery store, and attend a support group. The long term care services Louise receives at home costs $9,224 a year. Without these services, Stewart would have no other option than to place Louise in a nursing home. He says "I feel secure knowing Louise is getting the best of care." Several weeks ago, Stewart spilled hot grease on his right hand. He did not request additional services because he doesn't want to use any more than he absolutely needs.

* If you want to speak to any of these Medicaid consumers, call the Long Term Care Campaign at (202)434-3744

MARY (b)(6)

A woman receives long term care at home and doesn't need to be institutionalized

Mary is living at home with her husband and is able to visit with her grandchildren and friends on a regular basis in spite of physical problems which would have otherwise confined her to a nursing facility years ago. For four decades Mary has suffered from severe arthritis and several years ago her activities were curtailed even further because she had a stroke. Her health problems also include diabetes, edema, and depression. Mary needs assistance with bathing, transferring, mobility, meal preparation, medication management, and transportation. Until recently, her husband provided all this care that she needs. Three years ago, because he found it difficult to keep up with the physical demands of providing care as he got older, Mary's husband enlisted the help of an in-home aide for 26 hours per month. The aide helps with bathing, medi-cation management and meals. The state pays $144.56 per month for this home-based long term care. The family's only source of income is Social Security. Medicaid pays for all of Mary's medications. Without Medicaid supplementing her husband's care, Mary would need to be in a nursing home.

JONATHAN, DEBRA AND DOUG (b)(6)

Medicaid allows a family to keep their child with special needs at home

Twelve year old Jonathan attends fifth grade in a public school hopes to join a junior bowling league next year. But Jonathan has severe cerebral palsy and developmental disabilities. Jonathan began receiving Medicaid at the age of two because of his severe disabilities. He has undergone four surgeries and hundreds of medical appointments. His disability will require ongoing medical treatment and the use of customized durable medical equipment and assistive technology. Medicaid pays for his electric wheelchair so he can go to school and get around. Jonathan's family provides the care he needs with the help of Medicaid which provides thirty hours a month of supported community living. These hours help Jon become more independent in the community by helping him with mobility, money management and other skills. "It's far cheaper to raise a child with a disability in their home than it is to institutionalize a child. Plus it just is better for families and better for communities," says his mother Debra. "I think my biggest fear is that they'll cut back on services or tighten guidelines on how much they'll pay on a piece of equipment."

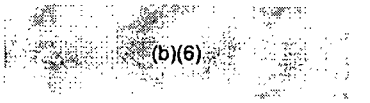
DANA (b)(6)

Medicaid helps a woman care for her sister who has mental retardation

Dana and her sister have lived together for the last 30 years. Dana has partial paralysis on her left side and mental retardation; she requires assistance with personal care, housekeeping, laundry, shopping, errands, and meal preparation. Dana's sister, along with her nephew, and in partnership with Medicaid, has provided that care for the last thirty years, keeping Dana out of an institution. Her sister is limited in her ability to care for Dana due to health problems of her own. Dana's income is about $275 a month from Social Security, and another $145 a month from SSI. At the same time, she pays about $50 for her medications. Dana, Dana's sister, and even Dana's nephew have all pitched in to try and make things work. But without Medicaid, Dana would be forced into an institution-- and Dana's sister would face the difficult task of placing her in that institution.

* If you want to speak to any of these Medicaid consumers, call the Long Term Care Campaign at (202)434-3744 -- I will provide phone numbers and addresses.

FREDDA



A blind woman struggles to remain in the community

Fredda is a 68 year woman who has diabetes. She is legally blind, hypertensive, has chronic heart failure and joint disease-- and is firmly determined to maintain her independence. An educated woman, books have long been an important part of her life, and the loss of her ability to read was traumatic. In response, Fredda soon became connected to the library system's books-on-tape program. But as much as Fredda values her independence and her ability to live on her own, she could not make it without Medicaid. Her income is a mere $500 a month, and conditions make it impossible to make it alone. Medicaid helps her pay for prescriptions and also provides needed services. An aide helps her with her bathing, housekeeping, and runs basic errands for her. Fredda lives alone and thrives on her independence. Medicaid helps make that happen.

BETTY AND HOWARD

Medicaid helps a wife keep her husband at home

Betty and Howard married 35 years ago. Betty was in the WAVES in World War II, then came back to a job in the County Court House, from which she is now retired. Howard started as a farmer, sold cars, and finally worked as a guard for a private security force. Neither of them ever had high paying jobs, but they paid off their mortgage and saved what they could for their retirement. Now, at the age of 71, Betty provides round-the-clock care for Howard, age 79, who has Parkinson's and Alzheimer's disease, diabetes, and congestive heart failure. They live on their combined retirement income of less than $1,000 a month. After spending down their savings to spousal impoverishment levels, Howard now qualifies for Medicaid waiver services. That gives them about $150 worth of help a week -- Howard goes to a day care center for 4 hours two days a week, and Betty gets help with him at home for another 6-8 hours a week. This is the only time she has for uninterrupted sleep, to shop for groceries and Howard's diapers and medications, or to take care of herself. Betty and Howard do not have children. Their three siblings are all in their 70's and 80's and have their own health problems. With help from Medicaid, Betty is managing enough time to keep herself reasonably healthy and to keep Howard at home. Without these services, Betty says, both she and Howard would quickly end up in a nursing home (with no money to pay the bill).

* If you want to speak to any of these Medicaid consumers, call the Long Term Care Campaign at (202)434-3744

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007. note	Personal; DOB (Partial) (1 page)	n.d.	P6/b(6)

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Domestic Policy Council
Jennifer Klein
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Medicaid Stories

2014-0209-S
ms762

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

WASHINGTON

Ira Freeman 606-1300

~~Diana F. 6557~~

Julie Vandelinda 703-695-7178
202-986-0739

---

will call
Bob Wardwell - Peter Hanson - Dad works in Arkansas 410-786-3254
Janie 903-628-5313
Simpson

→ "Medicaid needy services
"dependent children's program"
· child's income and resources -
2 savings bonds - no other income bec. family too waiting for him to qualify for SSI
· medical necessity
= (b)(6) for services in community - 26 hrs week of nursing care

Petey goes to school 8-10:30 - 6 yrs old

Janice Hanson 903-831-5147
&
George - works in Hope Arkansas
Sister - Rebecca - Born (b)(6)

Debra Cohn 514-3852 the Fraud Bill

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008. memo	Personal (Partial) (1 page)	12/07/1995	P6/b(6)

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Printed By: BILL LESSARD Page: 1 12/7/95 3:58 PM

From: HEIDI STERNHEIM (12/7/95)
To: BILL LESSARD
CC: SANDRA WHEELER

[008]

OFFICE MEMO Subject: witnesses for the Time: 2:45 PM Date: 12/7/95

The following individuals have agreed to be interviewed by the Administration for "Medicare/Medicaid Cuts - Real Life Stories"

Mr. Johnnie Morris (b)(6) 43 years old, uses Medicare Part A and B and Medicaid, increased costs would be extremely difficult), 504/244-3230, 6881 Parc Brittany Blvd., Apt. Bldg. H, Apt. #104, New Orleans, LA 70126

Ms. Emelda Washington (approx. 67 yrs. old, couldn't afford higher Part B premiums), 504/488-1560, 9514 Palmetto St., New Orleans, LA 70118

Mr. John Hawkins (approx. 67 yrs. old, (b)(6) (b)(6) (b)(6) (b)(6) , started receiving Medicare benefits 2 years later and continues today, Medicare cuts would be "disastrous") 409/272-3176, 235 Poverty Lane, Snook, TX 77878

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009. memo	Personal (Partial) (1 page)	12/09/1995	P6/b(6)

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Printed By: BILL LESSARD Page: 1 12/7/95 8:43 AM

From: JILL POZNICK (12/6/95)
To: BILL LESSARD
CC: SANDRA WHEELER

Subject: Witness request
Time: 4:42 PM
Date: 12/6/95

[009]

I have two awesome witnesses to pass onto the Clinton Administration. (Both gave me their approval pass on their names/numbers.)

1. Gerald Harris (313/292-8714) - Mr. Harris is an NC member who lives in a suburb of Detroit, MI. (b)(6) (b)(6) He is super-active on the local and national level. He serves as the Chairperson of the Michigan Handicapper, Health Care Roundtable and Healthy Michigan 2000. He is also very active with the Paralyzed Veterans of America.

2. Deloris Rose (606/528-6149) - Ms. Rose lives in Southern Kentucky. She served as a delegate to the October Kentucky Governor's Conference (where we met). (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (I didn't get into those details with her.) She has recently been accepted into the QMB program, but she doesn't know how she's going to pay for her medication. She is articulate and very anxious to tell her story.

Hope this helps!

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010. paper	Personal (Partial) (5 pages)	ca. 10/1995	P6/b(6)

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[010]

TESTIMONY OF

ROBERT BYRAM

6265 Dew Drop Way, Temple Terrace FL 33617

813-988-2314

FOR

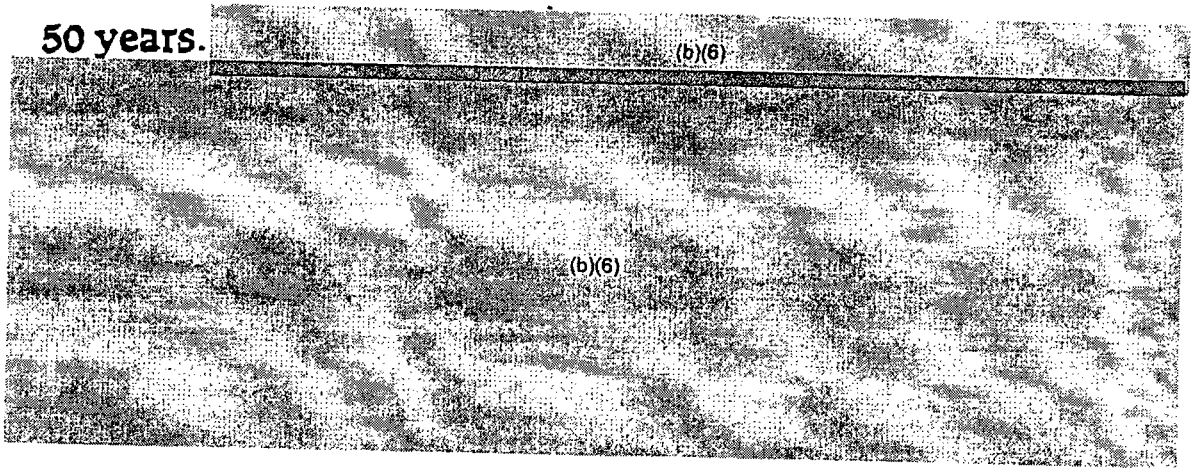
THE U. S. SENATE SPECIAL COMMITTEE ON AGING

OCTOBER, 1995

CONCERNING

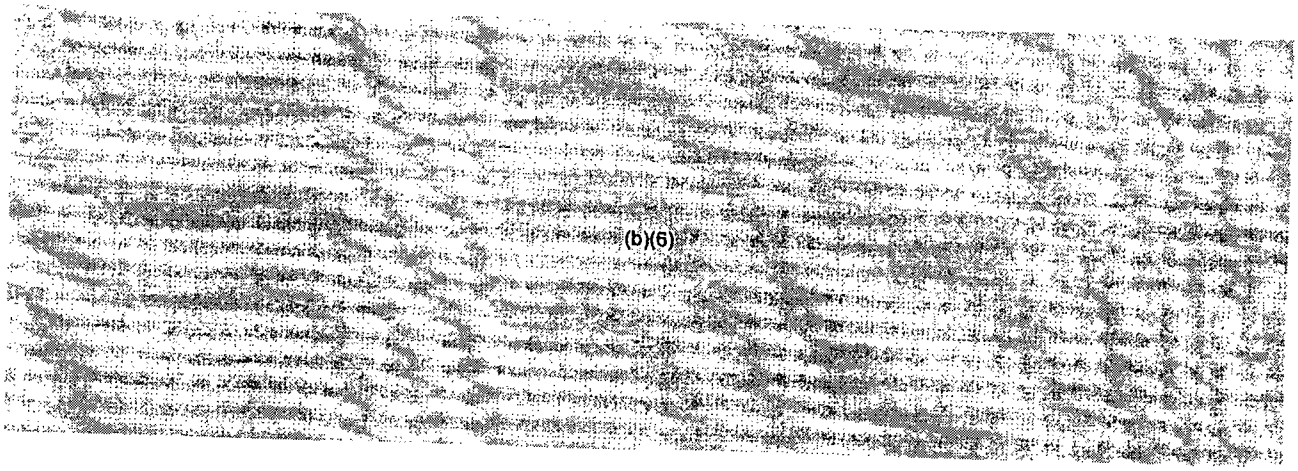
NURSING HOME LAW AND REGULATION

I am Robert Byram, Senior Advocate for Nursing Home Reform and Caregiving of Seniors. I am a member of the National Committee to Preserve Social Security and Medicare. A retired electrical contractor, I have been a resident of Florida for over 50 years.



I thank you, Chairman Cohen, for convening this hearing on the subject of federal law and regulation governing nursing homes. It is a vital subject for nearly 2 million nursing home

residents and all their families. I very much appreciate the opportunity to testify.



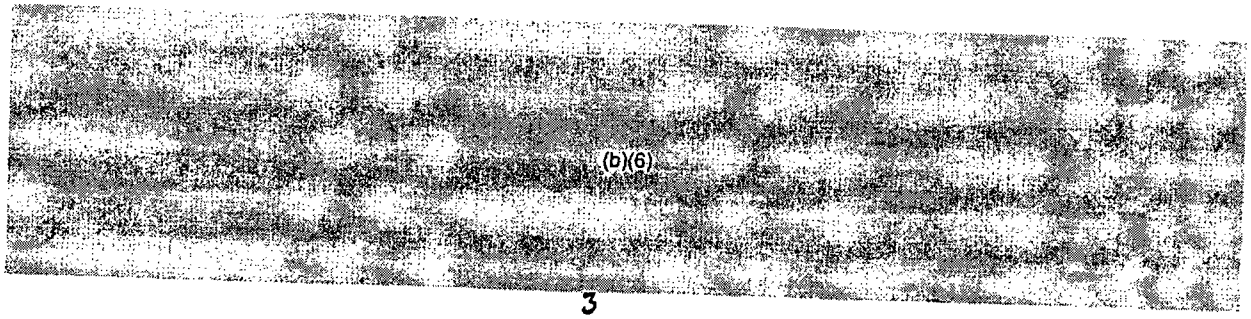
This happens to many people because of the pressures for early hospital discharge to limit cost to the hospital. This is a good example of why <u>all</u> nursing homes must be of dependable good quality.

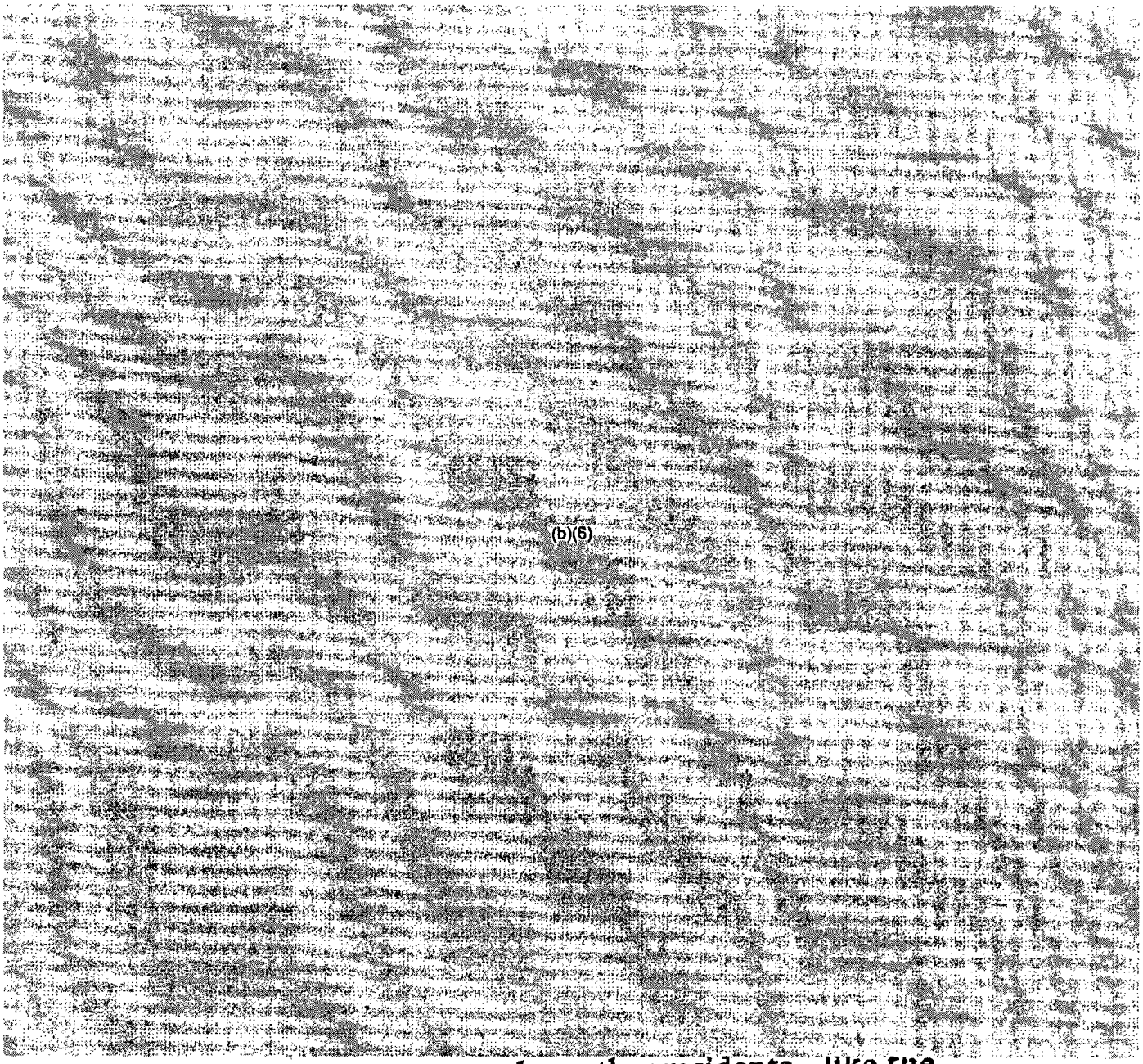
Standards must be the same across the country so nursing homes know what is expected of them and U. S. families and their doctors know what to count on. With $ 69.6 billion spent on nursing home care in 1993[1], and more than half of that from public (largely federal) funds, it would be a huge mistake for Congress to dismantle the federal nursing home standards. They were developed with broad participation of interested parties, over many years. They are only now being put fully into effect, as of this month. It would be a crime to destroy this law.

[1] Health Care Financing Administration, 1994 Health Expenditure Survey

States already have the right to improve on the national standards. But you can by no means count on them to do so, or even depend on them for consistent enforcement. I know this from personal experience in Florida. There is a relentless effort on the part of the organized nursing home industry to weaken or shoot down proposals that would make stronger state standards. They exert strong influence on state officials. They elect their people to state legislatures and make substantial contributions to election campaigns. They get representatives appointed to state regulatory, oversight, and advisory panels. Their first priority seems to be business success. Their revenue comes from private pockets and public funds.

Families of nursing home residents, on the other hand, are not organized. They are spread out across the country; and many must plan care for their loved ones in different jurisdictions. Fifty-one versions of basic nursing home standards would cause confusion and greatly weaken the consumers' hands in the marketplace. This would also create greater risk for nursing home residents - some of our most powerless and vulnerable citizens.





I knew of indignities imposed on other residents - like the Alzheimer's resident who had her mouth taped shut by the Assistant Director of Nursing. Administrative matters were also improper. The nursing home was in violation of the fire safety code, with a blocked access and fire lanes full of cars. Inspection reports were not posted for residents and families to see.

Standards in law gave me the right - and the obligation- to raise concerns about all of these. Despite lax oversight by the state, with what appeared to be advance-notice inspections, it was still possible to get some reponse to objections and complaints. This was because there are standards in federal law.

Please explain to the leadership and other members of the Senate - this is no time to dismantle the federal nursing home law. It is the time to hold steady to the course and assure implementation of the law for the sake of the frail dependent people in nursing homes and their families, (b)(6) (b)(6) across the U. S. A.

Thank you, Senator Cohen and members of the committee for this hearing.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Melissa T. Skolfield
Acting Assistant Secretary for Public Affairs
Phone: (202)690-7850 Fax: (202)690-5673

To: Jennifer Klein

Fax: 456-2878 Phone: _____

Date: 9/29. Total number of pages sent: _____

Comments:

Don't mean to inundate you, but here are more Medicaid stories — supposedly sent to Chris 5 weeks ago

Amy.

200 Independence Avenue, S.W., Bldg. HHH, Room 647-D, Washington, D.C. 20201

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OA/Box Number: 10856

FOLDER TITLE:
Medicaid Stories

2014-0209-S
ms762

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[011]

Scenarios Under Medicaid Cuts

Medicaid is safety net coverage for millions of the most vulnerable Americans. Without Medicaid coverage, poor elderly, persons with disabilities, infants, children and mothers would either have to forego essential care or bear the burden of prohibitive health care costs.

Republicans propose to cut Federal Medicaid assistance by $182 billion over seven years—that amounts to almost 30% reduction in 2002 alone. Reducing Federal contributions to Medicaid passes the Federal share of responsibility onto States to either pick up the difference or to make tough decisions on deep cuts in coverage eligibility, benefits and provider payments.

These cuts don't just affect Federal and State budgets. They affect people. In fact, cuts will hurt the most vulnerable individuals. Here are some possible scenarios of how Medicaid cuts in eligibility, benefits or provider payments would affect individuals.

CUTS COULD RESULT IN COVERAGE REDUCTIONS

- **The coverage safety net will not be there in times of recession.** When a recession occurs, the number of people without work that would qualify for Medicaid rises dramatically. However, without an individual entitlement to Medicaid coverage, no additional Federal money will be available to cover these individuals in this difficult period. States will be forced to expand their spending or leave people without coverage.

- **Poor children covered under expansions may lose their coverage guarantee.** Current Federal law covers all poor children born after 1983. For these children, coverage is at risk. To adapt to budget caps, States may limit children's eligibility to very low income levels or by age.

  Lester (b)(6) suffers from severe arthritis and receives Medicare and Disability Insurance. His family's income is $18,000, just above the poverty level. Three of his four children are covered by Medicaid, one of which has brain injury and receives SSI assistance. His third child and wife, Linda, are uninsured. With less Federal assistance, the State of (b)(6) may need to limit coverage only to its poorest residents. For Lester and Linda, this could mean their three children receiving Medicaid benefits now will lose coverage. (Families USA).

- **Restricting transitional eligibility will discourage welfare recipients from seeking work.** If Medicaid only can cover the most needy families, parents may be less likely to seek work if they know they will lose health care coverage. The same may be true for those persons with disabilities receiving SSI benefits.

Gary and Shellie [redacted] have a 9 year old child with disabilities—who, at one point, lost Medicaid coverage when Mr. [redacted] received a $1/hour raise. [Jimmy, their son, currently receives coverage under the Katy Beckett waiver program.] As coverage eligibility is restricted, more families like the [redacted] will be at risk of losing coverage. Budget cuts could leave families with tough choices between coverage for their children and work. (Families USA).

- **Low-income Medicare beneficiaries could lose Medicaid coverage of Medicare cost-sharing coverage.** Without Medicaid coverage for Medicare cost-sharing, poor Medicare beneficiaries will have to pay monthly Part B premiums (physician care), deductibles and copayments. Out-of-pocket costs for Medicare beneficiaries with one hospitalization are *at least* $1,808 (not including the costs of the services uncovered by Medicare, such as prescription drugs, long term care and several other services). For individuals with incomes below poverty, this amount constitutes almost one-fourth of their annual income—their entire income for three months.

- **Working families with parents who need nursing home care will face the heavy burden of large bills—which cost around $38,000 a year.** Because it accounts for one-third of Medicaid spending, long term care coverage will likely be reduced. States may not be able to continue the "spend down" program, which provides coverage for some families with high medical expenses. Budget cuts may mean that middle class and near-poor families have to pay for nursing home care for aging parents out of their own pockets with no assistance from Medicaid.

Moises [redacted] has a son who suffered a severe head injury and is now in a nursing home. Mr. [redacted] had to work two jobs and spent his savings to pay his son's nursing home bills, and is currently assisted by Medicaid. Without the spend-down program in his State, he would not be able to afford the bills. (Families USA).

CUTS COULD RESULT IN BENEFIT REDUCTIONS

- **Disabled children losing community-based long term care coverage may have to leave home for a nursing home for Medicaid coverage.** Katy Beckett's story convinced the Reagan Administration to allow disabled children to stay at home and retain Medicaid coverage through the SSI deeming provisions of Katy Beckett waivers.

Marilyn [redacted] has a child with severe disabilities, who receives Medicaid coverage for specialized services, such as therapeutic services. She said that Federal Medicaid cuts would jeopardize her son's coverage and devastate her family as well as her son's health and future outlook. (Her son qualifies under the Katy Beckett waiver). "There are

families like mine that would never give my child away and would go bankrupt and live on the streets before I ever considered handing him over to strangers. ....We love our special children and we want to take care of them in our own homes, nurture and teach them to become productive and happy citizens." (Letter to Senator Nunn and Representative Lewis, cc: Families USA, April 28, 1995)

- **Persons with disabilities may lose coverage for specialized needs.** Limiting coverage to a barebones benefit package would exclude special services essential to persons with disabilities, such as rehabilitative services and special mental health services for the severely mentally ill.

  Ashley (b)(6) is 10 years old and has Spina Bifida. Medicaid in her State covers part of her care, while her mother, Gaye, tries to care for Ashley at home. Ashley received surgery to allow for daily catheterization and receives routine specialized Spina Bifida orthopedic, neurological and urological services. Gaye feels that a limit on benefits would hurt persons with disabilities, like Ashley, first due to limits on specialized service coverage. Gaye and Ashley receive $6,288 a year. She had to spend down all savings including her daughter's college savings to pay medical bills. (Families USA).

- **Losing Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefits would leave infants and children vulnerable to preventable diseases and without intensive treatment.** Uniform national benefits for children's preventive care will not be guaranteed under a block grant design. Without current Federal assistance levels, States may not be able to afford treatment for illnesses discovered in this screening. Moreover, eliminating Federal standards may jeopardize access and the quality of care for Medicaid beneficiaries.

  The EPSDT program has helped the H family of (b)(6) immeasurably. When 9-year-old Jennifer's Warrdenberg's Syndrome (congenital deafness) was discovered through EPSDT in 1988, she, as well as her siblings, began to receive much needed services for multiple medical problems, which were previously not identified. For example, Jennifer's club foot has been surgically repaired and she walks normally. Jennifer's sister and brother, Stephanie and Verl, were mostly deaf. Today, they all have hearing aids and now have some speech. It was also discovered that Verl has Hirschsprung's disease, an abnormality of the large colon. Through surgical repair and treatment, Verl no longer has to wear a colostomy device. (b)(6) Children's Hospital, (b)(6)

- **Without standard protections, cuts may send the spouse of a nursing home resident into poverty.** Medicaid rules protect the spouse living in the community from poverty, by allowing the community spouses to maintain some income while their loved one is in a nursing home. States may choose to shift more of the costs of nursing home care from Medicaid to these community spouses [In the past, this has been an important Medicaid issue for Republicans. Particularly big in New Mexico].

  Mr. and Mrs. Wilson are both 82 years of age with a net worth, excluding home equity, of $60,000 and a monthly income of $1,150. Under current law, if Mr, Wilson were to go into a nursing home, Mrs. Wilson would be permitted to keep $30,000 in assets and $1,150 in monthly income while Mr. Wilson applied for Medicaid coverage. These amounts would be necessary for her to maintain her home and meet her other basic living expenses. Mr. Wilson would have to spend about $28,000 in assets to meet the financial eligibility criteria for Medicaid.

  If a State chose to eliminate spousal impoverishment protections, both Mr. and Mrs. Wilson would lose their entire life savings within about two years. Moreover, current federal law would not count the value of the Wilson's home in determining Mr. Wilson's eligibility for Medicaid and would prohibit the State from placing a lien on the home while Mrs. Wilson was still living there. Under a block grant, if a state chose to eliminate these protections, the Wilson family could lose their home. (AARP Case Study, "Unprecedented Medicaid Reductions Would Harm the Most Vulnerable—Children, Older and Disabled Americans," May 1995).

- **Limiting prescription drug coverage would leave the poor to face the choice between buying food and purchasing needed medicine.** States may need to limit prescription drug benefits. Elderly are particularly at risk of high out-of-pocket costs because they are the single largest users of prescribed medications, paying 2 1/2 times the amount incurred by those under age 65. Poor Medicare beneficiaries currently receiving Medicaid drug coverage may face high out-of-pocket costs as much as $3,500 a year ($292/month). They will not receive the rebates and discounted prices but, instead, they will have to pay the ever-increasing retail prices—sometimes a ten-fold difference from discounted prices.

PROVIDER PAYMENT REDUCTIONS

- **Cutting already-low provider payments will further jeopardize access.** Cutting provider payments affects the viability of hospitals and clinics serving uninsured and Medicaid beneficiaries. Moreover, such cuts also have harmful effects on individuals. Lowering payment rates even further would leave some providers unable to care for Medicaid beneficiaries.

Many more mothers may face access problems like Sherri of (b)(6) *(Families USA Foundation, The Human Impact of Health Reform: Clinton v. Cooper v. Chafee). In late 1990, although she qualified for Medicaid, she had great difficulty finding a provider willing to provide her with prenatal care. She was finally able to schedule her first doctor visit in her seventh month of pregnancy. Before her appointment to begin prenatal care, Sherri went into labor. Her daughter, Cassandra, suffered brain damage and was hospitalized for months. Cassandra will need special education and ongoing physical therapy. According to one of Cassandra's doctors, Sherri's pregnancy was "complicated by a lack of prenatal care."*

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary
Washington, D.C. 20201

FACSIMILE COVER SHEET

To: ~~Gabe London~~ Jennifer Klein

Organization: Cabinet Affairs

From: Allan Rivlin - HHS

Date: 9/28/95

Immediate Office of the Secretary
200 Independence Avenue, SW
Room 605-F
Washington, DC 20201

Phone: (202) 690-5400
Fax: (202) 690-7098

Recipients' Fax Number: 456 ~~7090~~ 2878

Number of pages including cover: 6

Remarks:

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

September 28, 1995

NOTE TO: ~~GABE LONDON~~ Jennifer Klein

FROM: ALLAN RIVLIN / Amy Bush

RE: REAL LIFE STORIES

Here are some real life Medicaid cuts stories that have been collected by Families USA. Greg Marchildon of Families USA says they have plenty more where these came from.

My understanding is each of the individuals were aware their names were being furnished to the press and agree to answer follow-up questions. Marchildon requests that if we call them directly that we mention that their names were provided by Families USA.

I will forward more stories to you about cuts in other HHS programs as they become available to me during the day tomorrow.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
012. fax	Personal (Partial) (6 pages)	n.d.	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Jennifer Klein
OA/Box Number: 10856

FOLDER TITLE:
Medicaid Stories

2014-0209-S
ms762

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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[012]

FAMILIES WHO DEPEND ON MEDICAID'S LIFELINE
From "Hurting Real People: The Human Impact of Medicaid Cuts"

Here's a sampling of stories of people on Medicaid. For more names and numbers, call Greg Marchildon, (202)626-0647.

(b)(6)

Angela (b)(6) (b)(6)

Angela, 43, was employed as a journalist until she suffered from a rare spinal cord disorder. She is now quadriplegic. For two years, she lived in a nursing home, but now she is able to get four hours of personal care paid by Medicaid per day and live at home. Medicaid pays this monthly cost of $1032, pays some of her prescriptions and pays the share of doctor bills not paid by Medicare. Angela receives $990 monthly in social security disability benefits and pays $350 of it as her share of medical costs. She is fortunate to live in HUD assisted housing. Still, when she finishes paying for medical supplies not covered by insurance, a high-fiber diet, and other necessary expenses, she ends the month with $0 to $2. Recently, she was notified that (b)(6) will cover six prescriptions per month. Right now, she takes seven. Her monthly prescription bills total $185.

(b)(6)

Sharon and Bob (b)(6)

Before Medicaid came to their aid, Bob had to tell his sons they would not be able to play Little League. "[They] needed the money to help mommy feel better." Their mom, Sharon, has progressive Multiple Sclerosis and is bedridden. She is unable to care for herself, much less their two sons. Bob had to enroll the kids in day care so that he could continue working. He tried his best for a year to care for Sharon himself, but then he realized how much he was neglecting his children. He was also taking away from their futures. Their college funds were dwindling as were the rest of the family's funds. He asked Medicaid for help. Now Medicaid pays for a nurse's aide, nursing care, physical therapy, medical supplies and a hospital bed. This care would cost the (b)(6) $3400 a month. Bob has employer health insurance that pays for Sharon's acute care. But he said that Medicaid has allowed him to keep his family together. Without it, he would not be able to keep Sharon at home and take care of his boys.

(b)(6)

Millie (b)(6)

Ms. (b)(6) has high blood pressure, high cholesterol, ulcers, infective cysts and a problematic intestine. She had surgery on her left eye and her colon last year. The hospital bills helped her qualify for Medicaid under the medically needy program. She paid 50 cents for each of eight prescriptions. Her Medicaid coverage ended in March and she must now meet a new spend-down of over $1,000 to be covered. Meanwhile, her drugs cost over $200 a month. Her monthly income is only about $720. She has had to save money by limiting her food and drug purchases. She credits Medicaid for enabling her to buy more nutritious food when she was covered.

(b)(6)

Argene (b)(6)

Argene, 80, has arthritis and has had cataract surgery. Without Medicaid, her costs would be astronomical for the drugs and the supplies necessary to properly care for herself. Medicaid allows her to have a home nurse and the funds to pay for specialized equipment. With this kind of assistance, she can live at home and remain independent.

(b)(6)

Inez (b)(6)

Inez, 62, worked hard running a day care center before she became ill in 1991 from heart disease and high blood pressure. Her medical treatment quickly totalled $150,000 and she had to rely on getting Medicaid to pay her bills. She had an artery transplant and a throat operation last year. She had to pay $25 copayments for each of these treatments, which was already a stretch on her family's $500 monthly income. If she had been required to pay more, she would not have been able to get the lifesaving treatment she needed.

(b)(6)

Denise and John (b)(6)

Denise learned that she was pregnant when her husband was in a masters program in landscape architecture at (b)(6) Denise was working as a floral designer, but did not receive health benefits and they had a very low income. Their small income qualified them for Medicaid and allowed them to receive the prenatal care necessary to have a healthy child. Their baby, Katie, is covered by Medicaid until October, when the (b)(6) must reapply for coverage. John is now a part-time student and works full time in a landscape architecture firm. Denise still works full time as a floral designer. Neither of their jobs offers health insurance.

Karen, Dan and Alison (b)(6)

Alison is seven years old, but functions like an 18-month-old child. She has physical and mental disabilities from a rare seizure disorder called infantile spasms. She cannot attend to her personal needs and she cannot speak. She uses a wheelchair to travel any distance. Alison needs physical, occupational, and speech therapy every week. Her care would total $30,000 a year in doctor and therapy fees. Medicaid covers the expenses of her specialists and treatments as well as her specialized equipment. Karen also gets respite and personal care assistance through a home and community based waiver. At first, Danny's company health insurance was paying for part of Alison's care and Medicaid was paying the rest. Danny was earning $23,000 a year until he was let go by the company without any explanation. Danny has found another job and is making $19,000 a year, but the company does not offer health benefits. Medicaid covers most of Alison's expenses.

(b)(6)

Emily (b)(6)

Ms. (b)(6) 73, was a history teacher and a counselor, but retired without a pension. She now receives only Social Security and SSI. Her monthly income is $478. Though she has been relatively healthy, Medicaid pays for two or three prescriptions, yearly checkups and flu shots that Ms. (b)(6) could not otherwise afford. A recent biopsy showed potentially scary results. Ms. (b)(6) is thankful that Medicaid will pay for further testing and treatment.

Bill (b)(6) son of Leopoldini (b)(6)

Mr. and Mrs. (b)(6) saved over $70,000 during their working careers. Mr. (b)(6) was a head waiter and Mrs. (b)(6) worked part time in school cafeterias. They lived modestly, and invested in stocks and land. Sixteen years after her husband's death, a series of ministrokes left Mrs. (b)(6) with dementia and she went to live with her son's family. Then she fell and fractured her hip. She was admitted to a hospital and then to a nursing home in 1992. Medicare paid for the first two weeks of care. After that, all of Mrs. (b)(6) life savings went to pay for the nursing home. Now she has $2,500 remaining. She contributes her monthly social security check to the nursing home. Without Medicaid, she would not be able to pay the remaining cost of her nursing home care, which is over $3,400 a month.

(b)(6)

Katherine (b)(6)

Katherine, 42, is legally blind and has asthma. Her esophagus is closed and she can only drink fluids and small amounts of food. She hasn't seen a doctor in three months because she knows he will tell her she has to have surgery, but she can't afford it. She has been trying to get Social Security for two years and she still hasn't been given an official decision. Medicaid pays for her doctor appointments and medicine.

(b)(6)

Melvin and Toi (b)(6)

Melvin and Toi have six children, three of whom have asthma. They have some health insurance through Melvin's company, the Central (b)(6) Transit Authority. However, the children's asthma is considered a pre-existing condition and care for that ailment is not covered. The children's medical care, including hospital stays, daily medications and treatment, costs thousands of dollars each year. "Had it not been for Medicaid," Toi said, "the high costs of my children's health care would have bled us dry. Medicaid assistance has enabled us to remain financially independent."

Yvette (b)(6)
After giving birth to her first child, Yvette stopped working to stay home with her baby. Shortly after she resigned, she learned that she was pregnant again. Soon after, her husband left her and the baby. For the first time in her life, Yvette began receiving welfare. Two weeks after her second child was born, Yvette began interviewing for full-time jobs. She depended on Medicaid to bridge the gap between homelessness and gainful employment. Medicaid paid for prescription drugs, doctor visits, and emergency visits; all critical services since Yvette's younger child suffers from chronic ear infections. Transitional Medicaid allowed Yvette to catch up on back bills and advance far enough to obtain a job that offers benefits.

(b)(6)
Lester (b)(6)
Lester thought that everyone had insurance and only lazy people were unemployed - until he was laid off and left without insurance. The computer cabinet manufacturing company to which he had devoted 17 years of his life, went out of business. Lester was left to provide for his wife and daughter with no income and no medical coverage. Six months before the layoff, Lester had been diagnosed with diabetes. His wife has chronic sinusitis that requires almost $200 a month in prescription drugs. His daughter has occasional sinusitis. After some time and some guidance from the Philadelphia Unemployment Project, Lester got his medical assistance card. Medicaid covered his family for the next 14 months while Lester looked for another job. He found employment with the Paper Manufacturers in Pennsylvania, until that business had to downsize. Lester was let go once more. He went back on Medicaid for nine months until he got a new job.

(b)(6)
Donna (b)(6)
A mosquito bite is generally irritating, but hardly ever life-threatening. After a fateful family vacation to Michigan in 1990, Donna's son, Patrick, contracted viral encephalitis, possibly from a mosquito bite. He was hospitalized for three and a half months and suffered from severe seizures. He eventually had to be placed in a drug-induced coma. Until September of 1991, he was covered under his father's health insurance. Then his father's company was bought out, and when they re-enlisted in the plan, Patrick was not covered. Patrick was covered by COBRA for 29 months and in November 1992, he was enrolled in the Medicaid Model Waiver Program. Patrick then enrolled in Vanderbilt HMO so that he could receive care from the specialists he needed. But Vanderbilt's medical director consistently denied the care that the specialists requested. As a result of poor attention and insufficient medication, Patrick has been out of school for eight months and has had other health and emotional problems.

(b)(6)

Joyce and Amy (b)(6)

Joyce's daughter, Amy, now 20, suffers from a multiple congenital anomaly which has left her severely mentally retarded. She has lost 70 percent of her hearing, she has a seizure disorder as well as behavioral problems. Through the Medicaid Home and Community Based Waiver Program, Amy receives case management therapy, day and residential habilitation, and medical care. Her family gets respite care so they can spend time with Amy's sister and do other things typical families take for granted. Amy has also learned to be more independent with therapy.

(b)(6)

Nathan and Hannah (b)(6)

Nathan, age three, and Hannah, age five, both receive well-child visits, immunizations, treatment of ear infections and bronchitis, and prescription medicines through Medicaid. Nathan has a speech disorder. The area of his brain which controls his mouth is not fully developed. Medicaid covers his speech therapy, and, with this help, Nathan has just started to speak. Mr. and Mrs. (b)(6) are farmers. They have had trouble finding private insurance for their family due to Nathan's problems. They have only been able to purchase limited family coverage with a $3,000 deductible. Their policy would help pay expenses for a serious accident or illness, but is not useful for routine health care, nor for Nathan's therapy. The (b)(6) live modestly. Their farm income is about $12,000 per year. Because the (b)(6) income is close to the poverty line, the children qualify for Medicaid.

(b)(6)

Peggy (b)(6)

Peggy, 36, got freon gas poisoning while working through a temp agency. She now has Respiratory Airway Dysfunction Syndrome (RADS) and is totally disabled. Her husband works for SAM's Club and their health insurance company considers Peggy too high of a risk. She is insured through her previous company, but only for the next two years and she is only covered for problems relating to her lung injury. They almost lost the house paying for medical bills while trying to support two children. She is not able to work anymore so they are supporting the household on one income. She is on Medicaid and Medicare.

Doris (b)(6)

Doris is only able to pay for two of the four medications her doctor prescribed for her. She is a low-income widow and received SSI and Medicaid until she was 62, when she started collecting her late husband's social security. She then lost her SSI. She does qualify for the QMB benefits, but that does not cover her drug costs. Right now she can only afford to pay for arthritis and high blood pressure medication. She goes without the anti-depressants and the stomach medications her doctor prescribed.

(b)(6)

Edna (b)(6)

Mrs. (b)(6) is 76 years old. Her husband, Wilson, worked hard most of his life. After he served his country in the Navy, he spent 23 years working as a science teacher during the day, and at a supermarket in the evening. In 1990, Mr. (b)(6) was diagnosed with Alzheimer's disease. Mrs. (b)(6) took care of her husband at home for three years, feeding, dressing and bathing him. His condition progressively worsened, until he became combative, and Mrs. (b)(6) was forced to place him in a nursing home. The (b)(6) did not have anywhere near the $48,000 yearly fee for a nursing home, so Mrs. (b)(6) applied for Medicaid. Now Medicaid picks up most of the nursing home's tab, and allows Mrs. (b)(6) to keep a portion of her small income to live on.

(b)(6)

Vicki and Sean (b)(6)

Sean, 4, has a-gamma globulin anemia, an immune deficiency. In order for Sean to live, he must get infusions of gammamune into his bloodstream every three weeks. Each infusion costs about $800. Sean was insured through his father's Blue Cross/Blue Shield plan, but when his parents were separating, his father stopped paying the premiums. Vicki works part time as an administrative assistant at a law firm and as a beauty consultant - neither job offers health benefits. The only way Vicki can afford Sean's lifesaving treatment is through Medicaid. Sean has been on Medicaid since last August.

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013. fax	Personal (Partial) (1 page)	n.d.	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Jennifer Klein
OA/Box Number: 10856

FOLDER TITLE:
Medicaid Stories

2014-0209-S
ms762

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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[013]

Please call if you are going to use her name

RHODE ISLAND

o ***Home Health Aid:*** Eighty-eight year old Irene [redacted] (b)(6) was able to leave a nursing home and return home through participation in the Medicaid Nursing Home Waiver program. She recuperated in the nursing home from a broken hip for two years. Support from home health aides, personal emergency response, durable medical supplies and home modifications are available to her. "I need my home health aide to get along. She does my house work, gets my prescriptions and shops for my food. These services are necessary so that I don't have to live in a nursing home."

VERMONT

o **Older Americans Act Volunteer Programs:**

- Eighty-one year old Jerry Kirk of Vernon, Vermont finds, "I need to be involved. My job is not a hobby for me, something aside from real life. Its in the main stream of what's happening today." Jerry is an example of the 72% of older Americans age 55 and older who choose to work. After a business and law career, he engaged in many OAA volunteer activities. In 1990 the Governor appointed him to serve on the three member Low Level Radioactive Waste Authority in 1990 and DAD's Advisory Board.

- An eighty-two year old grandmother, great grandmother and dietitian was hospitalized as incurably mentally ill and, for six years, institutionalized as inconsolably depressed. 150 electric shock treatments were given to stop her sadness. Instead, she became suicidal. A volunteer on the locked ward of the mental hospital devoted hours just listening to this lady. She stopped crying and began to help others. After being discharged she worked as a dietician and volunteered to help others.