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October 26, 2009

ELDER LAW MINUTE

Previously, I have written about a 64 year-old client who has no insurance and has been hospitalized since August 2009. I was able to work out an affordable compromise with the hospital for the months of August and September, and I have positioned the client to be eligible for Medicaid effective October 1. We are currently in the middle of the application process.

Notwithstanding the pending Medicaid coverage, the hospital is anxious to discharge my client, since he is an expensive patient and at best has Medicaid coverage. A few weeks ago (on a weekend) the hospital sent him home with no support other than from his minimally educated, untrained wife. That was a disaster and he ended up back in the same hospital in the CCU a few days later.

I spoke with the hospital's discharge planner about alternatives to home care. I learned that my client is extremely difficult to place. Most nursing homes do not admit residents who have had a tracheostomy. She found one facility in Toccoa that would take him if they received \$10,000 as a security deposit. The family went to see this facility and refused to admit even their farm animals there! The discharge planner told me it was either there or Wrightsville, Georgia. My client lives in Northeast Georgia. Long-Term Care Hospitals do not want patients unless they are on a ventilator because Medicaid pays them very poorly in other cases. And, nobody wants a patient who has no confirmed insurance coverage.

I tried applying for Community Care Services through Medicaid. CCSP would not put my client on its waiting list until he is determined to be disabled even though he is receiving total care in a hospital. We applied for the Independent Care Waiver Program but he is likely to be 65 (too old for the program) before a slot becomes available. He cannot get home health through Medicare because he is not 65 yet, and has not been disabled for two years.

Obviously the lesson to be learned is do not go without health insurance no matter how healthy you think you are. A physician friend of mind suggested asking the hospital to provide home care at the hospital's expense since it will be much less expensive than keeping him in CCU. If any of you have any suggestions, I would love to hear them.

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