



Little Sister of the Poor Caroline Joan laughs with the residents in the dining room at St. Mary's Home, 2325 N. Lakewood Ave., on Aug. 14. The state of Illinois has cut its Medicaid funding and that is putting a large financial burden upon the sisters' home. Karen Callaway/Catholic New World

Medicaid cuts leave institutions relying on prayers, providence

By Michelle Martin
STAFF WRITER

The Little Sisters of the Poor are praying. There's nothing new in that. The sisters have relied on prayer and the providence of God since their founding in 1836.

But there's a little added urgency now, as the state of Illinois has cut Medicaid funding by 2 percent and instituted a \$6.50 a day "bed tax" on nursing homes, adding up to a \$32,000 a month hit for St. Mary's Home in Chicago, which cares for 76 elderly poor people, all of whom receive

Medicaid.

Over all, Medicaid makes up half the home's budget, with the rest coming from donations, legacies and foundation grants.

Meanwhile, the state is three months behind on the payments it does make, said Mother Patricia Metzgar, the local superior.

"Last month, we got the Medicaid check on the fifth," Mother Patricia said in an Aug. 13 telephone interview. "Now it's the 13th, and I'm waiting for the mail today because we have payroll tomorrow."

If the check didn't come, she said, the sisters would dip into

the money they have set aside for required upgrades to the sprinkler system, scheduled to take place in October, all the while praying to St. Joseph, head of the Holy Family, to intercede.

The check did arrive that day, "Thanks be to God!" Mother Patricia said.

The situation is even more serious because the trend is to have people moving in to the home when they are older and suffer more severe needs, said Kelly Conmey, the home's development director.

The sisters also must keep up with capital improvements — such as the planned sprinkler system upgrade, to comply with new codes for nursing homes, and a replacement of the nurse call system, because parts are no longer available to repair the old one. Such work must be done if the home is to keep its five-star rating from the Illinois Department of Public Health.

The state's Medicaid system slashed payments to nursing homes and other care providers an average of 2.7 percent as of July 1 as part of its package of \$1.6 billion in cuts and more than \$1 billion in revenue increases, including the bed tax for nursing homes and a new \$1 per pack cigarette tax, de-

signed to plug a \$2.7 billion hole in the budget.

While St. Joseph might be very familiar with the Little Sisters — they have been praying to him since St. Jeanne Jugan started their first community in France in the mid-19th century — many Chicago-area Catholics are not, despite the order's St. Mary's Home in Lincoln Park and St. Joseph's Home in Palatine.

"Even though we've been here over 100 years, many people don't know who we are," Mother Patricia said.

The Daughters of St. Mary of Providence can empathize. Their home on Austin Avenue in Chicago is also home to about 80 adult women with developmental disabilities, several of whom are severely or profoundly disabled. Most of the budget comes from Medicaid payments.

In addition to the residents of the home itself, several women live in a supervised group home across the street, and others come in for daily activities and training.

The home — and the residents do consider it their home — is waiting for about six months' worth of Medicaid payments, said Sister Patricia

New kind of order could help clarify end-of-life wishes

But Wis. bishops concerned about euthanasia threat

By Michelle Martin
STAFF WRITER

Catholics have long been advised to make their wishes regarding end-of-life care clear to their loved ones by establishing a durable health care power of attorney, which delegates the authority to make medical decisions when the patient cannot, and a written advance directive to spell out what kind of measures the patient would want.

A new kind of document — "physician orders for life-sustaining treatments" — now is being used in some states, and Father William Grogan, the archdiocesan vicar for health care, and chair of the archdiocesan Bioethics Committee, said he supports efforts to develop a POLST form in Illinois, despite opposition to use of the form in Wisconsin by that state's Catholic bishops.

Unlike advance directives or durable powers of attorney, POLST orders are part of a patient's medical chart, easily accessible to caregivers. They travel with patients from one medical facility to another.

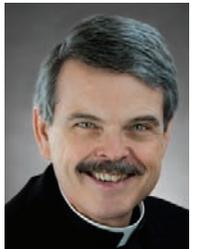
"When you go in for a surgery, by the time you get there, the doctor has already written several orders for you," Grogan said. "So when someone comes to take your blood, or someone comes to take you for an X-ray, they are acting on those orders. This [POLST] provides the doctor with a standing set of orders for end-of-life care."

Unlike an advance directive, the POLST form would not address every possibility; it would address only those that are likely to arise in the patient's situation. For example, a patient who is terminally ill with cancer would have a different set of orders than one who had suffered a stroke or a heart attack.

While there is no active POLST program in Illinois, health care providers, including Catholic hospitals, are trying to develop one, Grogan said. Such orders are allowed under an Illinois law that went into effect Jan. 1.

The Wisconsin bishops came out against the use of POLST orders in July, saying they should not be seen as the standard model for designating treatment preferences.

A major concern, according to a July 25 press release issued by the Wisconsin Catholic Conference, is the "form presents options for treatments as if they were morally neutral. In fact, they are not. Because we cannot predict the future, it is difficult to determine in ad-



Father William Grogan



Little Sister of the Poor Mary Anne Jacqueline attends Mass with residents and staff at their nursing home on Aug. 14. Karen Callaway/Catholic New World

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McCafferty, the provincial. When those payments come, it will be at a reduced rate.

At the same time, Medicaid benefits that do not go directly to the sisters have also been slashed. Now adult dentistry is only covered if a tooth needs to be extracted, new glasses can be purchased only every two years and podiatry services are only covered if the patient is diabetic.

“Our people tell us this is like their family. They work here because they want to work here. But you can only ask them to give up so much.”

Because St. Mary of Providence’s residents are aging, many of them require such services.

“We can’t tell our ladies that they can’t get their teeth fixed because the state won’t pay for it,

So far, staff members have made most of the sacrifices, Sister Patricia said. Benefits, including some paid holidays, have been cut. Some employees were asked to take unpaid furlough days this summer, even though nearly all the staff would make more money if they went to work somewhere else.

“Our people tell us this is like their family,” Sister Patricia said. “They work here because they want to work here. But you can only ask them to give up so much.”

END-OF-LIFE

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vance whether specific medical treatments, from an ethical perspective, are absolutely necessary or optional.”

Grogan agreed that not all treatment options are morally neutral, but said that POLST can be used to make sure that patients get the care they want, and that Catholic patients can use them to make sure that their treatment is in accordance with Catholic teaching.

In general, the church teaches that all ordinary means must be taken to preserve human life. Extraordinary means — procedures or treatments that are unduly burdensome because they would cause too much suffering or have little possibility of benefitting the patient — need not be taken.

Providing nutrition and hydration, through a feeding tube if need be, is presumed to be ordinary care under most circumstances.

It’s not only the Medicaid delays and cuts that have hurt. This year, the home has to pay the city for water; that adds up to a considerable amount when you consider the home cooks for, cleans up after and washes dozens of people who cannot care for themselves. It also is trying to jump through the hoops necessary to get a sales-tax exemption.

Most of the women in the home have parents or other family members in the area, but most of them are aging and living on fixed incomes, so while they are generous, they can’t contribute much more. In fact, the home now loses money every time one of its residents goes on a weekend visit to her family, as the Medicaid system will no longer pay for that resident on the day she is away from the home. Previously, the home got 75 percent funding on those days.

Sister Patricia estimated that it would take \$75,000 to \$100,000 a month in private donations — roughly 25 percent of the regular budget — to bring revenues back in line with expenses.

That’s a lot of money, she said, but then she smiled.

“We’ve always trusted to providence,” she said. “And when we’ve been in a really tight place, something has happened to help.”

For more information on St. Mary of Providence, visit www.smopchicago.org. For more information on the Little Sisters of the Poor St. Mary’s Home, visit www.littlesistersofthepoorchicago.org. For information about St. Joseph’s Home, visit www.littlesistersofthepoorpalatine.org.

The Wisconsin bishops disagree about the utility of POLST orders.

“A POLST oversimplifies these decisions,” wrote the bishops, “and bears the real risk that an indication may be made on it to withhold a treatment that, in particular circumstances, might be an act of euthanasia. Despite the possible benefits of these documents, this risk is too grave to be acceptable,” they wrote in “Upholding the Dignity of Human Life.”

Grogan said that the concerns about POLST orders are overblown.

“Some very concerned pro-life people believe this is a vehicle for active euthanasia,” he said. “I think this is really a misrepresentation. You have to look at how these can be tailored in each situation. There’s supposed to be a conversation between doctor and patient. ... The alternative is to have no idea what the person’s wishes are. They may be forced into additional care when they have basically died.”



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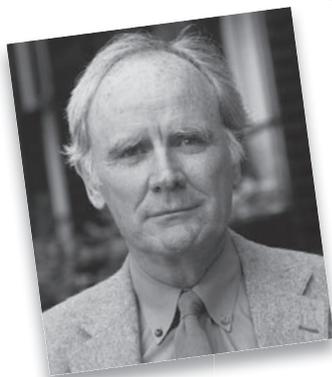
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Cocktails -
Dinner -
Dance

✦ Saturday, October 6, 2012

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7 Course Dinner

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