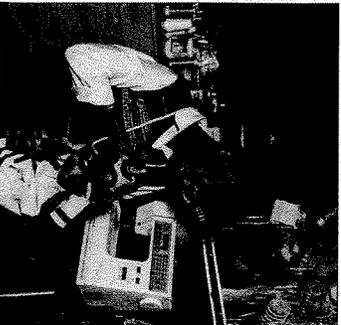


*Here's What Some of HBE's 2500 Current and Former Clients Say About the Program*



**BILL HOLTZ**  
*Floral Design*

"I had been in the floral business most of my life. Due to complications from two strokes, I couldn't continue on a full-time basis. Through HBE, I became a free-lance floral designer. They supplied silk flowers, supplies and materials. Now I'm selling through HBE's retail outlets."



**MELVINA DYER**  
*Sewing*

"Due to my physical disability, I was unable to work in my accounting profession on a full-time basis. I had to seek something I could do out of my home. Since sewing was my hobby, DVR helped me establish it as a part-time busi-



**JIM BRACKEN,**  
*Locksmith*

"After my back injury, I was forced to change vocations because I couldn't do heavy work. The DVR's Home-Based Enterprise Program helped me narrow down the opportunities. Locksmithing appeared to be the ideal answer. I took courses and apprenticed with a professional locksmith. HBE helped financially with the vehicle repairs, tools and supplies."

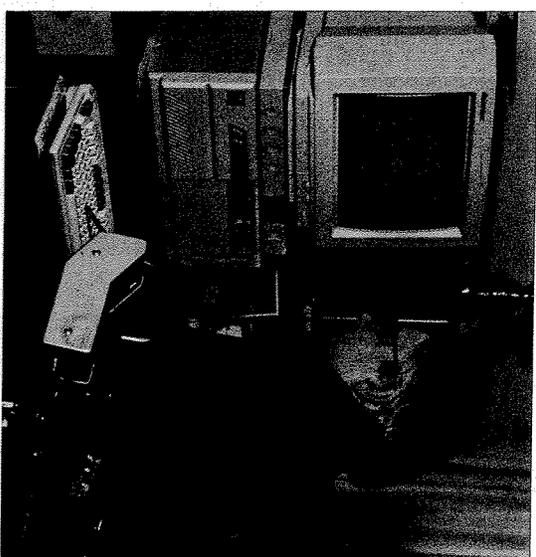
*DVR provides its services on a nondiscriminatory basis, without regard to age, race, color, sex, sexual orientation, national origin, religion or disability. To file a complaint because of discrimination, contact:*

**Equal Opportunity Officer**  
**Division of Vocational Rehabilitation**  
**P.O. Box 7852**  
**Madison, WI 53707-7852**  
**Phone: (608) 266-6786 (Voice)**  
**(608) 266-9599 (TTY/TDD)**



**Wisconsin's Primary Provider**  
**of Services to People with Disabilities**  
**Division of Vocational Rehabilitation**  
**Wisconsin Department of Health**  
**and Social Services**  
**For further information, contact...**

**Home-Based Enterprise  
Working With You So  
Can Work For You.**



s we call it, is an integral service of  
 consin Division of Vocational Re-  
 tion (DVR). Our sole aim is to  
 elligible people with disabilities to  
 p skills for products or services  
 take or render at home. It gives  
 ndividuals a great opportunity to  
 program that can lead to self-  
 yment.



*Here's How HBE Works...*

vide an instructor who will help  
 ou in every facet of successfully  
 8; producing and marketing a prod-  
 -service. Services can include small  
 ss counseling, necessary equipment,  
 3; Yellow Page listing, advertising,  
 mail, craft shows, and even truck  
 In other words, we get involved  
 lever it takes to move your product  
 vice into the marketplace. The  
 s part of detailed accounting, pric-  
 d taxes are other areas where we  
 of assistance. A statewide market-  
 d distribution network of seven  
 tores will expose and move your  
 t to the consuming public.

**Shown on front cover:**  
 SUE SCHMUDLACH, *Quilting*  
 Y PIEDISCALZZI, *Computer Consultant*

## *HBE Offers a Vast Variety of Self-Employment Opportunities...*



Our goal is to assist you in developing  
 sufficient skills for securing long-term  
 employment, increased independence  
 and self-esteem -- all leading you to a  
 healthier financial status. To help you  
 reach these goals, we can provide a  
 wide range of business plans for all  
 types of skills and services such as ...

- Answering Services
- Bait Shops
- Ceramics
- Child Care
- Cleaning Services
- Clothing Alterations
- Commercial Photography
- Custom Quilting
- Desktop Publishing
- Floral Design
- Jewelry/Lapidary
- Locksmith
- Maintenance/Repairs
- Needlework
- Sewing
- Sharpening Services
- Small Appliance/Electronic Repair
- Snow Removal
- Taxidermy
- Technical Writing
- Upholstery
- Woodworking

## *Check These Ground Rules to See if You Are Eligible for DVR Services...*



The DVR works locally to empower and  
 assist people with disabilities to pursue,  
 obtain and maintain employment lead-  
 ing to independence, self-sufficiency,  
 and full inclusion in society. There are  
 three eligibility criteria for DVR services:

1. A physical or mental disability.
2. The disability must present a handi-  
 cap, or barrier, to employment.
3. There must be a reasonable expecta-  
 tion that DVR services will improve the  
 individual's employability.

In addition, people who are interested in  
 the Home-Based Enterprise program  
 should:

1. Have the skill or possess the capacity  
 to learn a skill that results in producing a  
 marketable product or service.
2. Need training to improve or acquire  
 that skill. Each client who participates in  
 the Home-Based Enterprise Program is  
 required to perform at least 20 hours of  
 work per week or produce products or  
 services whose total value is at least \$20  
 per week.

The law says that SSI/SSDI eligible clients automatically have a severe functional limitation. Does this mean I will automatically be served?

No, but it does mean that you have a more likely chance of being served since you have a severe functional limitation.

If I am on AFDC or worker's compensation, will I receive priority in being served?

No. You cannot receive priority based on referral source such as being referred from worker's compensation or based on economic status such as being on AFDC.

What amount of new resources would it take to avoid OOS?

We estimate it would take about 100 new positions and \$7 million in new funding. The \$7 million in new funding would cover the costs of the 100 new positions and buying necessary services such as testing and placement.

How many states are using OOS?

As of October 1994, about 37 states are using or planning to implement an order of selection. This is an increase of 26 from 1992. We expect most states will implement an OOS within the next few years.

Will there be a review of functional limitations on a regular basis?

Persons in a closed category may request a another review of their functional limitations whenever they believe the limitations have become more severe. In addition, on a yearly basis, the Division will contact them to assess their status.

What if DVR can serve more categories in one office than in another?

Since DVR is a statewide program, the Division must develop methods of balancing workloads statewide so that all offices will be serving the same open categories.

DVR provides its services on a non-discriminatory basis, without regard to age, race, color, sex, sexual orientation, national origin, religion or disability. To file a complaint because of discrimination, contact: Equal Opportunity Officer, DVR, P.O. Box 7852, Madison, WI 53701-7852, Phone: (609) 266-7686 (Voice); (609) 266-9599 (TTY/TDD)

For further information, contact...

the DVR office serving your county of residence. Please consult your phone book for the address and phone number or refer to the office listing, if enclosed.

## UNDERSTANDING ORDER OF SELECTION

## QUESTIONS AND ANSWERS



DIVISION OF VOCATIONAL  
REHABILITATION  
DEPARTMENT OF HEALTH AND  
SOCIAL SERVICES

### What is an order of selection (OOS)?

A process that allows the Division of Vocational Rehabilitation (DVR) to focus resources on those most in need.

### How are OOS categories established?

By federal law, categories are established by severity of disability, with the most severe being the most likely to be served.

The Vocational Rehabilitation Act defines "individual with a severe disability" as:

- having a severe physical or mental impairment which seriously limits one's ability to function in employment.
- requiring multiple vocational rehabilitation services over an extended period of time.

### What is a functional limitation?

A functional limitation is a personal characteristic or disability that affects mobility, communication, self-care, self-direction, interpersonal skills or acceptance, work tolerance, or work skills or work history.

### Can severity of disability be defined by the disability itself?

Severity cannot be defined by disability. The Rehabilitation Act lists disabilities which typically are determined to be severe. "Typically", as used here, does not mean "automatically" or "exclusively."

### What are the OOS categories?

The Act requires states to determine their own categories. In Wisconsin, we have seven:

- Three or more severe functional limitations and requiring multiple services over an extended period of time.**
- Two severe limitations and requiring multiple services over an extended period of time.**
- One severe limitation and requiring multiple services over an extended period of time.**
- Four to seven severe limitations and lacking a need for multiple services over an extended period of time.**
- One to three severe limitations and lacking a need for multiple services over an extended period of time.**
- Four to seven non-severe limitations, and may or may not require multiple services over an extended period of time.**
- One to three non-severe limitations and may or may not require multiple services over an extended period of time.**

**Will a combination of non-severe limitations equate to one or more severe functional limitations?**

No. Under federal law, a combination of non-severe limitations will not equate to a severe limitation.

### What does it mean to close a category?

It means that DVR will not serve any of the eligible clients in that category. DVR will close a category when they do not have sufficient resources to serve all eligible and potentially eligible clients.

**What if I am receiving services under an approved Individualized Written Rehabilitation Program (IWRP) at the time DVR closes my category?**

You will continue to receive DVR services.

**If I am in a closed category, will I ever receive services from DVR?**

If your functional limitations become more severe and if DVR determines it has adequate resources to open categories, you may receive services.

**Does OOS affect certain disabilities more than others?**

No. We cannot discriminate by type of disability. However, some disabilities may result in limitations which are more severe than others.

**1995 - 1997**



**LEGISLATIVE  
INITIATIVES**

**Wisconsin Council on  
Developmental Disabilities**

**Judith Fell**  
*Chairperson*

**Jayn Wittenmyer**  
*Executive Director*



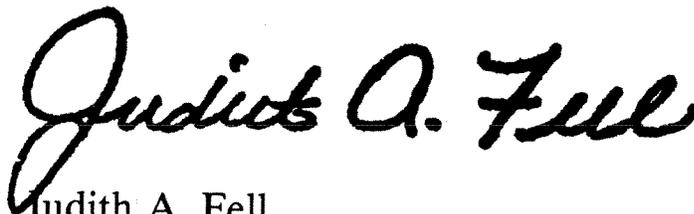
*Wisconsin Council on Developmental Disabilities*  
*722 Williamson St., 2nd floor*  
*P.O. Box 7851*  
*Madison, WI 53707-7851*  
*(608) 266-7826 (voice) ♦ (608) 266-6660 (TTY)*  
*(608) 267-3906 (fax)*

Dear Readers:

People with developmental disabilities are at a crossroads in Wisconsin. During the 1995-97 biennium, decisions will be made which will set the course for the coming years - step back to institutionalization or move forward to community integration and full citizenship. The *1995-97 Legislative Initiatives* of the Wisconsin Council on Developmental Disabilities charts a course of progress towards continuing the development of appropriate and flexible supports enabling children and adults with disabilities to live in the community.

The *1995-97 Legislative Initiatives* reflects the commitment of the Council to shift the current funding focus from institutions to supports for individuals in the community. Society is moving towards affirming that the community is the place where everyone will live. Do not turn back the clock - join the Council in working towards the goal of full citizenship for all citizens.

Sincerely,

A handwritten signature in black ink that reads "Judith A. Fell". The signature is written in a cursive, flowing style.

Judith A. Fell  
Chairperson

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*THE 1995-97 LEGISLATIVE INITIATIVES:  
The Goal of Self-Determination & Full Citizenship  
Throughout One's Lifespan*

Citizenship in Wisconsin has traditionally suggested independence, self-sufficiency, choice, responsibility, and accountability. The goal of full citizenship for people with disabilities has been a focal point for activities of the Wisconsin Council on Developmental Disabilities since 1987. The Council believes that all persons have the same basic rights and responsibilities associated with the status of citizenship.

Everyone, including people with disabilities, can contribute to society and exercise their citizenship with the appropriate supports. The *1995-97 Legislative Initiatives* enhance the citizenship of people with developmental disabilities by encouraging the development of independence and self-sufficiency. People with disabilities of all ages and their families should have the option to make essential decisions as where to live, with whom to live, and how and where to spend their time. The *Initiatives* support the desire for independence by building upon the foundation of community services built over the past decades.

## SUPPORTING SOCIAL SERVICES

### Community Aids

Community Aids is allocated to counties to provide community-based services to people with developmental disabilities. These services form the foundation of the support system for individuals and families. Some examples which demonstrate the wide array of services funded by Community Aids include respite for families; case management; residential services such as foster care, group homes, adult family home care, and community-based residential facilities; guardianship services; crisis intervention; juvenile probation; and many others.

Community Aids funded services help prevent institutionalization of adults and children with disabilities. However, funding for the Community Aids program has not kept pace with the rate of inflation. Counties now provide an average of 42% of the total dollars spent on human services. Also, as support for transportation and other services funded from other sources has remained stagnant, counties have been forced to use Community Aids dollars to bridge the gap. Insufficient funding has created waiting lists for services funded by Community Aids.

*The Council supports increasing Community Aids by the rate of inflation for each year of the 1995-97 biennium.*

## PROMOTING HEALTHY PREGNANCIES AND CHILDREN

### Medical Assistance Prenatal Care Coordination Benefit

Prenatal care coordination provides targeted case management for high risk pregnant women who need help in locating and coordinating health, social, and other services related to having a healthy pregnancy. The program began on a statewide basis on January 1, 1993. The program has been evaluated and shown to be cost effective, especially in the reduction of immediate newborn hospital charges. The evaluation also demonstrated that the program reduced the odds of having a very premature birth by 51%.

Prenatal Care Coordination is a covered benefit for only 25% of women receiving Medical Assistance because of lack of funds. A risk assessment evaluation is used to determine which women are at highest risk for adverse pregnancy outcomes and are eligible for the benefit. The program's success has demonstrated that it would be of value for all pregnant women who receive Medical Assistance.

*The Council supports increasing funding for Prenatal Care Coordination to expand the program's availability from 25% to 100% of all eligible women.*

## **SUPPORTING FAMILIES AND CHILDREN WITH DISABILITIES**

### **Birth to Three Program**

Numerous studies support the benefits over the lifespan of early intervention services for children with disabilities. The Birth to Three Program entitles all eligible infants and toddlers who have a disability or a developmental delay to receive a wide range of services. The services include a multi-disciplinary evaluation, an Individualized Family Services Plan (IFSP), case coordination, and the appropriate early intervention services. Approximately 3,000 children are served by the program.

The Department of Health and Social Services has projected that an additional \$2.9 million of General Purpose Revenue is needed each year of the biennium in order to serve all eligible children without establishing waiting lists.

*The Council supports fully funding the Birth to Three Program. The Council supports increasing the allocation for the program by \$2.9 million in each year of the biennium.*

### **Family Support Program**

The Family Support Program provides service coordination and flexible funding support to families who have a child with a severe disability to enable them to keep their children at home. The funding maximum is \$3,000 per family per year. On the average, families receive \$2,000 per year.

The Family Support program has demonstrated its effectiveness in preventing out-of-home placements for children. In 1993, only 1% of the children enrolled in the program (2,762) were placed outside their homes.

Unfortunately, waiting lists for the Family Support Program continue to grow because of insufficient funding. As of January 1, 1994, there were 1,851 families on the waiting list; approximately 3,000 families were projected to receive services.

*The Council supports increasing funding an amount sufficient to serve an additional 500 families.*

## ENABLING EVERY CHILD TO ACHIEVE

### Education of Children with Exceptional Educational Needs

Special education programs are specially designed instruction for children with exceptional educational needs. State and federal law require all children with exceptional educational needs be provided with appropriate educational opportunities in the least restrictive environment.

Categorical Aids for Handicapped Education provides school districts with partial reimbursement of the actual costs associated with providing special education services. State law designates 63% as the maximum percentage of costs allowed for reimbursement, however, the actual percentage reimbursed has been declining over the past decade. For 1994-95, school districts were reimbursed for approximately 43% of costs.

*The Council supports maintaining Categorical Aids for Handicapped Education as a segregated fund. The Council also supports increasing funding of Handicapped Education to reimburse special education costs of school districts to the same percent as regular education.*

## SUPPORTING PEOPLE IN THE COMMUNITY OVER THE LIFESPAN

### Community Integration Program

The Community Integration Program (CIP) is a Medicaid Waiver program which allows the use of Medicaid funds for long-term support services in community settings. CIP 1A funds community services for people leaving the three state Centers for the Developmentally Disabled. CIP 1B funds community services for people who are relocated or diverted from nursing homes and Intermediate Care Facilities for the Mentally Retarded.

CIP 1A and CIP 1B have been instrumental in reducing the number of people with developmental disabilities living in institutional settings. The Council supports initiatives which would strengthen CIP 1A and CIP 1B and enable more people to live in community settings.

The average daily rate available for supporting people in the community has been less than half the rate available in institutional settings. Since the CIP rates are not sufficient to support every person in the community, counties are forced to supplement the CIP rates with funds from other programs, such as Community Aids. Currently different rate structures are used for both CIP 1A and CIP 1B, depending upon the date the person is discharged from the institution.

*The Council supports eliminating the multi-tiered funding approach to CIP 1A and CIP 1B rates. The Council supports the increased rates proposed by Governor Thompson for CIP 1A, however, full funding should be available at the maximum rate allowed by the federal government for all placements*

## Community Integration Program II

The Community Integration Program II (CIP II) is a Medical Assistance Waiver program providing community-based long term care services and/or equipment to people who are elderly or physically disabled. A nursing home bed must be closed for each placement. To be eligible, a person has to have a nursing home level of care reimbursable by Medical Assistance. CIP II rates can equal the average MA nursing home bed reimbursement rate of over \$75/day but are currently at \$40.78/day.

*The Council supports raising CIP II rates to the federal maximum allowed.*

## Community Options Program

The Community Options Program (COP) is a state-funded program to provide assessments, case plans and community services as an alternative to nursing home placement for all disability groups. There are 5 categories of people served by COP: people who are frail elderly; people with developmental disabilities; people with chronic mental illness; people with physical disabilities; and people with chemical dependencies. COP-Waiver is funded by a state/federal match under Medical Assistance. It provides community services to elderly and physically disabled persons in lieu of creating new nursing home beds.

Currently, over 10,000 people are served by COP or COP-Waiver. However, over 6,000 people were on waiting lists in 1993, of which more than 1,300 were people with developmental disabilities. In many counties, people have to wait 3 to 5 years for services.

1993 Wisconsin Act 469 authorizes the transfer of funds saved from the Medical Assistance nursing home budget to COP. In 1994, \$4.8 million was transferred to the COP program from Medical Assistance by the Joint Committee on Finance.

*The Council supports increasing the Community Options Program by an amount sufficient to serve an additional 600 individuals over the 1995-97 biennium. The Council also supports retaining the language of 1993 Wisconsin Act 469.*

## Medical Assistance Case Management

Case management for people with developmental disabilities is a covered service under the Medical Assistance program. Case management providers must supply matching funding in order to capture federal Medicaid funds.

The role of case managers includes, but is not limited to: coordinating the provision of services needed and directed by an individual; navigating on behalf of the individual the different programs and funding streams; and acting as an advocate on behalf of the person during disagreements or problems with service providers.

Quality case management enables people to access services in a coordinated, cost-effective fashion. However, case management is not a covered service for all people on Medical Assistance. For people with developmental disabilities, only those who meet the state definition are eligible for case management services.

*The Council supports the proposal of the Department of Health and Social Services to expand case management services to*

*families with children at risk of serious physical, mental, or emotional dysfunction.*

### **Medical Assistance Personal Care**

Personal Care is a covered service under the Medical Assistance program. Personal care refers to activities which assist an individual with daily living needs. Examples of these activities include bathing, dressing, feeding, and meal preparation. The services are designed to enable people who are elderly and/or have disabilities to live in community settings. Personal care is provided by non-medical trained personnel of private agencies. Prior authorization is required for more than 250 hours of personal care in a year for any one individual.

On the average, providing personal care is less costly than alternative services, such as Medical Assistance home health or institutional care. The usage of cost-effective personal care services has grown during the past 4 years, while at the same time, usage of home health and institutional care has declined.

*The Council supports continuing Personal Care as a covered benefit of Medical Assistance. The Council also supports increasing the funding to allow cost of living increases for providers.*

## **SUSTAINING PEOPLE FINANCIALLY**

### **Supplemental Security Income**

Supplemental Security Income (SSI) is a federal income benefit, supplemented by the State of Wisconsin, for very low income people who are elderly or have severe disabilities. People who receive SSI are also eligible for Medical Assistance coverage, enabling many recipients to work part-time while retaining health care coverage. Approximately 100,000 Wisconsin citizens receive SSI. Of those 100,000, approximately 17,000 only receive the state supplement portion and Medical Assistance coverage.

The state supplement of SSI had been cut in the 1991-93 and 1993-95 state biennial budgets. SSI recipients receive an inflationary increase each year from the federal government. However, during the past two bienniums, the federal cost of living increases have been mostly offset by cuts in the state supplement. SSI has not kept pace with the rate of inflation for recipients.

*The Council opposes further cuts in SSI to recipients.*

## GETTING THERE FROM HERE: THE CORNERSTONE OF INDEPENDENCE

### Transportation

Transportation for people with developmental disabilities is partially funded by the Elderly and Disabled Transportation Program (85.21 Program). The Department of Transportation allocates funds to the 85.21 Program to assist counties with providing transportation for a variety of trip needs. At the inception of the program in 1978, funds were intended to provide grocery, employment, social, and personal trips. Because of insufficient funding, medical and nutrition trips are now primarily provided.

The 85.21 Program is not sufficiently funded. A survey of Elderly and Disabled Transportation Coordinators in 67 of 72 counties conducted in 1994 indicated that only 10% of eligible people were provided with transportation. One-third of the counties were unable to provide people with trips to work and for personal needs. Seventy percent were unable to provide trips on weekends, and over 60% were unable to provide trips in the evenings.

*The Council supports the Legislative Council recommendation to increase funding of the 85.21 Program by \$16 million over the biennium.*

## ABOUT THE COUNCIL

The Wisconsin Council on Developmental Disabilities works to make Wisconsin a better place for people with developmental disabilities to live, work, learn, and participate as members of the community. Established by both federal and state law, the 24-member Governor-appointed Council plans and advocates for appropriate and adequate supports for people with developmental disabilities. One way it does this is through legislative activities designed to ensure the inclusion and full citizenship of people with developmental disabilities in all aspects of community life.

|  |  |   |
|--|--|---|
| <p style="text-align: center;"><b>Judith Fell</b><br/>Chairperson<br/>West Milwaukee</p> | <p style="text-align: center;"><b>Warren Viehl</b><br/>Vice-Chairperson<br/>Onalaska</p> |   |
| <p><b>Cynthia Bentley</b><br/>Glendale</p>   | <p><b>Irma Gosselin</b><br/>Mukwonago</p>  | <p><b>Juanita Pawlisch</b><br/>Madison</p>  |
| <p><b>Gerald Born</b><br/>Madison</p>  | <p><b>Linda Hoelzel</b><br/>Madison</p>  | <p><b>Julie Sehmer</b><br/>Oshkosh</p>      |
| <p><b>Sandra Butts</b><br/>Milwaukee</p>   | <p><b>George Jacobs, Jr.</b><br/>Madison</p>   | <p><b>Gregory Sheehan</b><br/>La Crosse</p> |
| <p><b>Terrence Dolan,</b><br/>PhD<br/>Madison</p>  | <p><b>Barbara Lyons</b><br/>Milwaukee</p>  | <p><b>James Strachota</b><br/>West Bend</p> |
| <p><b>Dennis Filippelli</b><br/>Kenosha</p>  | <p><b>Madeleine Morichetti</b><br/>Hurley</p>  | <p><b>Lucy Strom</b><br/>Ellsworth</p>      |
| <p><b>Mari Frederick</b><br/>Wautoma</p>   | <p><b>William Nystrom,</b><br/>DPM<br/>De Pere</p>                                       | <p><b>Sandra Tank</b><br/>Merrill</p>       |
| <p><b>Gerhardt Gnirk</b><br/>Elroy</p>   |  | <p><b>Mary Wilson</b><br/>Mauston</p>       |

TESTIMONY ON ASSEMBLY BILL 150

My name is Brenda Greehling. I am a personal care worker employed under the Medical Assistance Personal Care program with the agency Access to Independence and under the MA waiver program in Dane County.

I am here in opposition to the elimination of personal care as a Medical Assistance Benefit and in opposition to the elimination of payments to state-only recipients of SSI.

In addition to reinstating personal care as a Medical Assistance benefit, I urge you to increase the MA rate for personal care.

I also support the increase to community aids funding, but urge you to add another one-percent increase annually to the block grant in AB 150 for Medical Assistance Personal Care, leaving this money to be used for other county programs.

I am advocating these changes in AB 150 because I have specific experience in working with low-income people with disabilities in the community.

I work for three persons with physical disabilities who receive the MA personal care benefit. One is 24 years old and lives with her parents (in their 50's), 10-year-old brother, and two foster sisters (aged 7 and 8 years old). She has an 8-hour per week job.

The second person is 46 years old, owns a small condominium unit, and has a live-in attendant who works for him five nights per week. This client works 20 hours per week, has a small business and teaches training sessions for providers of transportation for people with disabilities.

The third person rents an apartment and has a live-in attendant who works for her overnight all but four nights per month. This client has been hired for a 12-hour per week job which will start in May and she does volunteer work.

If the MA personal care benefit is eliminated, I will lose my employment with the first two of my clients. I will have to pay 100% of

my HMO premium for which I pay 50% now.

My clients and I want to stay in our homes, in our jobs, and in the community. Without MA personal care, my first client's family will have no respite. My second client will lose his home, jobs and business because he will have to return to a nursing home. My third client risks not being able to find enough personal care workers who will work for only \$6 per hour and no benefits which is what she can offer with CIP II funding.

Brenda Greehling

110 South Hancock

Madison, WI 53703

(608)-256-7603

March 27, 1995

Testimony Before the Joint Finance Committee - State of Wisconsin

Thank you, members of the State of Wisconsin Joint Finance Committee for holding these statewide public hearings. My name is Janie Riebe. I have worked with older adults and people with disabilities all of my working career. Currently I am a Long Term Care Ombudsman working out of the Milwaukee office.

I took the afternoon off today so that I could serve as a volunteer spokesperson for the South Central Chapter of the Alzheimer's Association, based here in Madison. There are a number of budget issues which I would like to address.

This morning I was informed by the Alzheimer's Association that there are an estimated 100,000 individuals in Wisconsin with Alzheimer's Disease or a related dementia.

I would like to begin by discussing the Alzheimer Family Caregiver Support Program (AFCSP) which is slated in the proposed state budget to lose its categorical program designation and I believe to be folded into the general Community Aids allocation for counties to use as they see fit. The Alzheimer's Association would ask that the Legislature maintain the AFCSP category and retain the AFCSP funding.

Many of the counties which I worked with over the years received very minimal amounts of AFCSP money. What I saw counties do with those small amounts of money was very remarkable! Counties reached sizeable numbers of people with these limited funds in a variety of ways: By utilizing the AFCSP dollars for developing Caregiver and Alzheimer's Support Groups and assisting caregivers in need of education and peer support, many were served with very few dollars. Funds were used for transportation (if needed), for paying for the services of a substitute caregiver if a volunteer respite provider was not available, for newsletters and mailings. AFCSP dollars purchased videos, books, pamphlets, brochures that were put in rural libraries and were made available in other ways to provide education to communities and to families about Alzheimer's Disease -- how to cope, how to care. Many of our rural areas had no community based services to assist those majority of Alzheimer's caregivers who care for their family members

at home for as long as possible. AFCSP dollars have been used as seed money and matching dollars for foundation monies/private dollars for developing group respite programs and to provide for other forms of respite for caregivers. One day or one-half day of time spent away from the Alzheimer's-affected person can make all the difference between whether a caregiver "burns out" or can continue his or her labor of love of caring full time for a family member with Alzheimer's Disease at home.

If AFCSP dollars lose their special designated purpose, it is likely that fewer Alzheimer's-affected families will be served. The groups and individuals who are the most vocal will be the ones who receive assistance through Community Aids. Families affected by Alzheimer's Disease are one of the least likely groups to ask for help. They are generally older spouses or older family members who are leery of what they consider to be "welfare." They often have a deep sense of responsibility to their caregiving role and will not ask for help no matter how hard the caregiving is and what toll it is taking on themselves and the family. And unfortunately, we still have caregivers and families who are embarrassed by the disease and who are unwilling to admit that a family member has Alzheimer's Disease or dementia.

Without AFCSP we will see costs shifted elsewhere. Individuals with Alzheimer's Disease will go into costly nursing homes sooner because caregivers will not have the community supports to keep them at home. Caregivers will have greater emotional and physical burdens as the result of caregiving without community support/respite. It is likely that without community-based support for caring for folks with Alzheimer's Disease at home, the public policy message being sent will be that the nursing home is the one and only appropriate place, even when it may not be at that particular time. Related to AFCSP is the Wisconsin Alzheimer's Information and Training Center (WAITC). Understanding Alzheimer's Disease and caring for persons with Alzheimer's Disease, whether paid or unpaid, requires education, training, and strategies for coping and caring. WAITC provides information, training, and technical assistance to care providers, who in turn serve the individuals and families

affected by Alzheimer's Disease. As county human service programs have begun serving individuals/families affected by Alzheimer's Disease in the community, they have utilized the expertise of WAITC in problem solving, care planning, and assisting families with strategies for coping with difficult behaviors. WAITC has trained over 150 professionals statewide, both rural and urban, through its Internship Program. Thousands of people, caregivers and professionals alike, have benefitted from attending WAITC's Annual Conference (9 held so far). In the proposed budget, WAITC also is slated to be eliminated.

Now a bit about the Medical Assistance Personal Care Program. Two thirds of persons served by MA Personal Care are elderly and one third are persons with disabilities. This program provides personal care at home and is a less costly home-based service than is home health care. It is a consumer directed model. MA Personal Care keeps individuals out of costly nursing homes and allows them to work, perform volunteer community service, go to school, and be active members of their communities. It employs 2,000 Wisconsin citizens and provides the State of Wisconsin with a substantial amount of federal matching dollars which will be lost if the program gives up its MA designation and is folded into the generic Community Aids pot. Counties were strongly encouraged by the State of Wisconsin to get into MA Personal Care. It was established to provide a more cost effective approach to home-based care than home health care. For some counties, much time and great effort went into developing the resources to be able to provide quality MA Personal Care services. Please do not tamper with the Medical Assistance Personal Care Program.

Finally, I would ask you to retain current spousal impoverishment income and asset levels by considering carefully the impact that this budget proposal would have on couples with moderate assets. The proposed levels would have couples spending down to a level of savings which would leave them ill prepared to cover such things as home repairs or other expenses. In some cases, spouses themselves might have to seek public assistance.

Page 4  
Janie K. Riebe

And please reconsider the budget proposal to repeal Act 469 which permits the Legislature to transfer some or all savings from budgeted nursing home care to the Community Options Program. There are more than 6,000 Wisconsin citizens on COP waiting lists at this time. Nursing homes continue to receive rate increases while the community Options Program receives none. The State of Wisconsin needs to be working to achieve more balance in funding between nursing home care and community care -- it is cost effective and gives Wisconsin citizens options.

Thank you for the opportunity to speak.

Respectfully submitted,

A handwritten signature in cursive script that reads "Janie K. Riebe". The signature is written in dark ink and is positioned above the typed name.

Janie K. Riebe

BUDGET FOR CHARLIE L.

MONTHLY INCOME: SSI \$142  
SSDI \$516  
TOTAL: \$658

MONTHLY EXPENSES

|                    |       |   |
|--------------------|-------|---|
| RENT               | \$375 |   |
| TELEPHONE          | \$16  |   |
| FOOD               | \$100 | CHARLIE WILL LOSE \$142 IN MONTHLY INCOME!                                  |
| MEDICATION         | \$3   |   |
| PODIATRIST         | \$10  |   |
| HAIR CUT           | \$10  |   |
| RENTERS' INSURANCE | \$6   |   |
| PERSONAL           | \$138 | (Includes clothing, household items, furniture, transportation, recreation) |
| TOTAL              | \$658 |   |

-----  
BUDGET FOR GWEN S.

MONTHLY INCOME: SSI \$148  
SSDI \$510  
WAGES \$30  
TOTAL: \$688

MONTHLY EXPENSES

GWEN WILL LOSE \$148 IN MONTHLY INCOME!

|                |       |   |
|----------------|-------|---|
| RENT           | \$219 |   |
| UTILITIES      | \$50  |   |
| TELEPHONE      | \$32  |   |
| FOOD           | \$160 |   |
| LAUNDRY        | \$30  |   |
| TRANSPORTATION | \$32  |   |
| MEDICATION     | \$5   |   |
| PERSONAL       | \$160 | (Includes clothing, toiletries, household items, furniture, recreation) |
| TOTAL          | \$688 |   |

# Options in Community Living

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22 North Second Street, Madison, Wisconsin 53704, Voice/TDD (608) 249-1585, Fax (608) 249-3372

March 21, 1995

Joint Finance Committee  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Members of the Joint Finance Committee:

I am writing to inform you of the impact of the Governor's budget proposal to eliminate state SSI payments to 17,000 people with disabilities. As Executive Director of Options in Community Living, a supported living agency in Dane County for one hundred adults with developmental disabilities, I've had the opportunity to closely analyze the impact of the cuts on the people we support. In many respects, our population represents a random sample of the larger population in Wisconsin that will be affected by these cuts. It seems reasonable therefore to project that our experience would be typical of this larger population. This is what we found:

#### **DIRECT IMPACT ON PEOPLE WITH DISABILITIES**

- Approximately twenty out of one hundred people we support will lose their SSI cash benefit under this proposal. Many will lose up to 25 per cent of their total monthly income. This income pays for rent, utilities, food and transportation to allow these individuals to remain in their own apartments.
- Most people will lose their automatic eligibility for Medical Assistance benefits with the loss of SSI. They will have to reapply every six months through the county social services department.

Some people we support will be required to pay a Medical Assistance deductible to qualify for Medical Assistance through the county. They will have to pay the deductible every six months.

- Many people affected by these cuts earn wages through part time employment. Some individuals will need to quit their jobs in order to retain needed medical assistance benefits.

- All the people supported by our agency pay for their living expenses out of a combination of benefits, and for those who work, wages. They do not have the discretionary income to pay for medical expenses or to absorb the cuts in SSI benefits.

- Because each person is affected differently by these cuts, based on his or her combination of benefits and wages, it has been difficult for advocates and policy makers to assess the implications of this particular budget cut. In fact, SSI recipients have no way of knowing whether they will be affected and how, unless they contact the Social Security Administration directly.

#### IMPACT ON COUNTY GOVERNMENT

County governments will be affected directly and indirectly by the proposed budget cuts. As is the case with individuals, the complexity involved in understanding the issues has interfered with any useful analysis of the fiscal impact on counties. Below are some areas in which Dane county government will be affected:

- The county would lose revenues that recipients cost share for county funded services. For many this is \$100 per month per person of SSI-E benefits.

- The county would bear the enormous administrative burden of processing thousands of new Medical Assistance applications every six months. Our experience for people involved in the spend down process, is that it takes about 7 hours of a county workers time per application every six months. It also involves at least a comparable amount of time on the part of our staff to assist each individual in the process.

- The county would lose MA case management revenues for people who lose their Medical Assistance benefits. This is \$28 per hour of case management time that the county currently bills for people with developmental disabilities receiving case management who are not on the waiver programs.

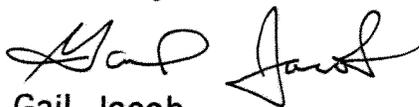
- The numbers of people affected by the cuts in SSI will increase substantially each year as they are made ineligible as a result of: cumulative increases in earnings through wages and/or increases in SSDI benefits due to the death of a parent.

- People who lose their Medical Assistance benefits will not be eligible for other federal programs which bring substantial service revenues to the county, such as Community Based Waiver programs (CIP) and Community Supported Living Arrangements (CSLA).

- In most situations, the county does not subsidize living expenses for people who receive support in their own homes. People pay for rent, food, utilities, and transportation out of their personal income. For people who will lose substantial cash payments (up to \$150 per month for some people Options supports) the county may have to begin to subsidize living expenses for some people or they may end up in more restrictive and costly settings.

Attached are the household budgets of some individuals who will be affected to illustrate the impact of the SSI cuts on their lives.

Sincerely,



Gail Jacob

Executive Director



722 Williamson Street  
P.O. Box 7851  
Madison, WI 53707-7851

**Council on Developmental Disabilities**

VOICE (608) 266-7826  
TDD (608) 266-6660  
FAX (608) 267-3906

Date: March 27, 1995

To: Senator Joseph Leean, Co-Chairperson  
Representative Ben Brancel, Co-Chairperson, and Members  
Joint Committee on Finance

From: Warren Viehl, Vice-Chairperson

Re: A.B. 150 - 1995-97 Biennial Budget

Senator Leean and Representative Brancel, thank you for the opportunity to speak. I am Warren Viehl, Vice-Chairperson of the Wisconsin Council on Developmental Disabilities. The Council is authorized in state and federal law to plan and advocate for appropriate and adequate supports for people with developmental disabilities.

The Council has published a booklet, *1995-97 Legislative Initiatives*, which describes its recommendations for the State Biennial Budget in a number of human services programs. I would like to take the opportunity now to highlight the Council's positions regarding the Community Integration Program 1A, Medical Assistance Case Management, Medical Assistance Personal Care, Supplemental Security Income, and Family Support.

- 
- The Council supports the expansion of and increase in rates for the Community Integration Program 1A proposed by Governor Thompson.
  - The Council support expansion of eligibility for Medical Assistance Case Management proposed by Governor Thompson.
  - The Council opposes any cuts in funding or eligibility for the Supplemental Security Income Program.
  - The Council opposes making the Family Support Program an unsegregated program included in the Community Aids block grant.
- 

***Community Integration Program 1A (CIP 1A).*** The Council supports the initiative included in the proposed Budget to expand the number of people served by CIP 1A and to raise the daily rates for both people served currently and for people served in the future.

***Medical Assistance Case Management.*** The Council also supports the expansion of eligibility for case management services provided by the Medical Assistance program. Families with children at risk of serious physical, mental, or emotional dysfunction would become eligible for services.

Senator Joseph Leean, Co-Chairperson  
Representative Ben Brancel, Co-Chairperson  
March 27, 1995  
Page 2

**Medical Assistance Personal Care.** The Council is opposed to the elimination of personal care as a benefit of Medical Assistance. The Council also supports cost of living increases each year of the biennium. The Council have been actively following the dialogue between the Legislature's Leadership and the Governor's Office. The Council strongly supports the source of funding identified by the Senate Leadership for continuing Personal Care when resources are limited.

**Supplemental Security Income.** The Council opposes Governor Thompson's proposal to eliminate 17,000 people who receive only the state supplement from the Supplemental Security Income Program (SSI). SSI provides the basic economic support which allows poor people who are elderly or have developmental or other disabilities to live. Even with SSI, a typical recipient's income amounts to only 87% of the federal poverty standard. Individuals who only receive the state supplement payment have to meet the same income limits as those who receive both the federal and state payment, and are just as poor and just as dependent upon health care coverage provided by Medical Assistance.

The 17,000 people who would be eliminated from the program would lose automatic eligibility for Medical Assistance (MA) as well as income. They will have to apply for MA coverage under the "Medically Needy" category through the counties. In order to qualify as Medically Needy, the recipients will have to spend part of their already reduced incomes on medical expenses. People may be forced to choose between buying food and paying for health care.

Eliminating SSI imposes hardships upon both the recipients and the counties who will incur costs making eligibility determinations for thousands of applicants. The Governor's proposal may save money in the short term, however, in the long term the hardship created more than outweighs the few dollars saved.

**Family Support Program.** The Council is opposed to the proposal to include the Family Support Program in the General Allocation category of the Community Aids block grant. Families with children with disabilities depend upon the Family Support Program for services for their children. Without these services, many families will be forced to choose institutions or other out-of-home placements for their children.

If this proposal is passed, counties will have only the option to continue to provide Family Support to families. With counties facing competition for scarce resources for a variety of court order services and programs, the pressure to discontinue Family Support will be overwhelming. Segregating the Family Support Program does not require identification of additional funding. It will, however, allow families served by the Program to remain intact.

Thank you for your consideration of this testimony.

**Michael O'Connor**

**Joint Finance Committee  
Public Hearing  
March 27, 1995**

First, I would like to thank the Joint Finance committee for this opportunity to express my concerns on the 1996-97 biannual budget and it's impact on citizens with disabilities & the elderly. Normally, I would be talking to you to today in my professional capacity as an Independent Living Service Coordinator with Access to Independence. However, today, I am talking to you as one of the six thousand people state-wide that could be impacted by the proposal to eliminate Medical Assistance Personal Care. While I'll be focusing on MA Personal Care, I'm concerned over several other programs that will be adversely affected by the administrations proposed budget cuts. These programs and benefits include Family Support, the state's portion of SSI, Spousal Impoverishment provision and the repeal of Act 469.

It is difficult for me to understand how these proposals benefit the citizens of the state in any way. It makes little sense to me for the state to throw away 58 million dollars in federal funds which pay for over 2/3 of the MA personal care budget. Currently the program serves at least 6,000 people. It is estimated that the cost of 200-300 people being forced into nursing homes will completely offset any so called savings! When you consider that 3400 people would end up in nursing homes or other institutional settings, the question must be asked, is this really what you want to do?

Let me tell you how the administration's proposal would affect my life. The state and federal governments have spent an extraordinary amount of money to ensure my employability once I got my degree. I fulfilled my end of the bargain, by working hard, getting good grades, and doing whatever it took to get through school. From the day after I completed my internship I have been employed. Currently, I am working full time, pay for my own health insurance, own my home, and live a full & active life in the community. This means I not only pay income tax, I pay property tax. If the MA personal care is eliminated, everything I have worked for will be lost. Is this what you really want? Can the citizens of this state really afford cuts that will jeopardize my independence?

In the past several weeks I have heard several of you ask us how the program should be paid for. My first response to that question is, "That's your job. That's what you get paid to do." However, Senators Ellis and Leean have come up with a proposal that I fully support. I urge you to support your own leadership's ideas, because they make sense!!!

Finally, over the past few weeks, we have read and heard that people are being told not to worry, that the Joint Finance committee was going to fix MA personal care. We don't want MA personal care fixed! You don't need to fix something that isn't broken. We don't need to fix something that saves taxpayers in this state millions of dollars, and enables their fellow citizens who are older or have disabilities remain in their homes and community.

Thank you for giving me this opportunity to express my views. If you have any questions, I would be more than happy to answer them.



**Paul H. Kusuda**  
*Member, Wisconsin Capital  
City Task Force*

(608) 222-2780

|   |                        |
|---|------------------------|
| American Association of Retired Persons | Home Address           |
| <i>National Office</i>                  | 200 Tompkins Drive     |
| 601 E Street, N.W.                      | Madison, WI 53716-3255 |
| Washington, DC 20049                    |                        |

3-27-95

## ALZHEIMER'S DISEASE TRAINING AND INFORMATION

On Page 351 of the Summary of the Governor's Budget Recommendations, there is a one-paragraph recommendation to "delete \$200,000 each year to reflect elimination of the Alzheimer's disease training and information grant." Under the program targeted for elimination, the Department of Health and Social Services awards "...a grant to a private, nonprofit organization that is required to: (a) provide training and technical assistance to county staff or other providers who serve persons with Alzheimer's disease; (b) develop training materials; and (c) collect and distribute information and coordinate public awareness activities related to Alzheimer's disease. Currently, the grant is awarded to the Wisconsin Alzheimer's Training and Information Center in southeast Wisconsin."

Budget development always requires difficult decision-making. Many of the decisions have differential impacts of which some can be anticipated and others not. Long-term consequences of budget-cut decisions are not always clear. However, in this case, the consequences are not obscure. In state budget terms, \$200,000 is a small item. Yet, it can do so much with reference to Alzheimer's disease training and information efforts. A comparison may point up the dollar issue: To provide secure institutional care and custody for fewer than ten adult criminal offenders for a year will cost \$200,000.

Alzheimer's disease can strike persons younger than 65, but as people get older, its incidence increases. In 1980, 12 percent of Wisconsin's population were 65 years of age and older. From the years 2010 to 2020, the proportion could become as much as 20 percent. Unbelievable? No, not if Census data are consulted. Between 1980 and 1990, the numbers of Wisconsinites 65 years and older increased 15 percent (from 564,197 to 651,221). By age groupings, the increases showed a 23 percent gain of those 75 through 84 and a 34 percent gain of those 85 years and older.

Since incidence of Alzheimer's disease grows as persons grow older, we can expect more and more persons in Wisconsin so diagnosed. Information about the disease and referral for advice, counseling, and services must be available to caretakers. Eventually, institutional care of one kind or another will be needed. However, caretakers of patients remaining in the community need a variety of support services. They must not be cast aside with no knowledgeable resources available to them.

The amount of \$200,000 is extremely meager. Rather than deletion, the amount should be increased.

Paul H. Kusuda, ACSW; 200 Tompkins Dr.; Madison 53716-3255; (608) 222-2780

March 27, 1995

Senator Leean and Representative Brancel &  
All Members of Joint Finance -----

My name is Ruth Hoffman Hein. I have worked as a R.N. in home care for the past 15 years. In my position as a staff nurse, I see many elderly and some disabled and especially for the elderly, I coordinate and refer to the services they need to continue living in their own homes and apartments.

I see the Personal Care Worker Program as a key element in helping individuals stay at home and paying \$200 to \$500 for P.C.W. services per month is certainly less expensive than the average nursing home at \$3000 per month.

I was appalled at the Governors proposal to delete P.C.W. coverage under home care. I have heard that you have taken some action to restore some of the funding for the P.C.W. Program but I want to be sure you understand the importance of allowing all home care providers to provide and be reimbursed for P.C.W. services. I don't think it is fair to those home care providers who have provided P.C.W. services and subsidized the program at an average of \$60,000. per year to be deleted from the list of providers. I hope you will delve into the complexity of why some agencies costs are higher than others. I'm with one of those agencies and one of the reasons is because the P.C.W. we employ is getting an hourly wage plus a good benefit package with health insurance coverage. I don't think you should penalize an agency who is trying to address another major concern of Wisconsin (i.e.. providing adequate health insurance for every individual ). Another factor contributing to our increased cost is all the regulations and paperwork.

So --- with the decision to restore P.C.W. service and hopefully allow all home care providers to be reimbursed -- I implore you to also allocate an increase in the P.C.W. reimbursement from \$11.05/hr. to \$15/hr. Increasing the reimbursement will keep the program viable and help maintain more and more individuals at home rather than Nursing Homes.

I hope you will all see the need to make decisions not just for the short-term but consider the longer-term implications.

Thank you so much for the opportunity to present this testimony.

Ruth Hoffman Hein R.N.  
1001 Greenwich Drive  
Madison, WI 53711  
(H) 273-4724  
(W) 257-6710 (Mon.,Thurs. & Fri.)

Dear Committee members,

The following is a description of the things I would like to see happen with regard to Bill 150.

- 1) In Friday's paper I read a report that Medical Assistance Personal Care has been dropped from the budget cuts. Thank you very much. I was much concerned about the people who would have had to return to institutions + nursing homes. What a waste of human life and funds that would have been.
- 2) By eliminating SSI you would be putting many people in jeopardy. The SSI itself may not add up to a large amount of money but the loss of Medical Assistance is tragic for these people and you will send them to institutions.
- 3) I don't mind paying my share of taxes and I think those earning \$100,000 and more should do. No tax cuts for the wealthy.
- 4) Continue to support the family support program. Without it child abuse will be more prevalent plus parents will need to send their children to institutions because care will be impossible at home.
- 5) Do not change the amt. of money a spouse may keep when the other goes to a nursing home. Do not change it from  $\approx$  \$73,000 to  $\approx$  \$13,000.

6) Do not eliminate the office of public intervenor. We need it!

7) Do not eliminate the DNR board and have a secretary appointed by the Governor.

8) Please do not eliminate the Department of Public Instruction nor the Superintendent of Schools.

Please look at the budget and decide to not pass it and to cut it less.  
Thank you.

Emma Czarpata  
30 S. Bryan St.  
Madison, WI  
53714