



EXECUTIVE CLIPPING SERVICE

AM CLIPS

2/12/98

How kids' bills could lower taxes for parents

Capital Times

2/11/98

pg. A1

By Matt Pommer

The Capital Times

If you rent a trombone for your child, Gov. Tommy Thompson's new tax plan will be sweet music to your ears. The rental fees would lower your state income taxes.

But if you buy the same instrument, you are out of luck. All you'll get is the privilege of hearing your kid practice.

Those are some of the details being provided by Revenue Secretary Cate Zeuske, who would administer the proposed \$64 million tax break program for parents with children in elementary and secondary schools. Thompson has a separate program for parents with college-age children.

Poor and lower-middle-income families would get a dollar for dollar tax credit under the plan. Middle-income families would get a tax deduction.

Thompson's plan would provide a tax break for nonreligious tutoring that supplements school course work. In a nod to education professionals, the tutoring must be done by an appropriately licensed teacher.

The plan also provides a tax break up to \$500 per year for buying computer hardware and educational software.

Elementary and high school tuition isn't covered, but tuition for college courses used to satisfy high school requirements would get the tax break. This semester there are 1,245 high school students enrolled in university classes across the state, according to a University of Wisconsin spokesman. Twenty of them are Madison public school students, the School Board said.

Other items not eligible for a tax break under the Thompson plan include: sports-related training unrelated to school; expenses for out-of-state trips and student exchange programs; the purchase of materials and equipment for extracurricular sports, speech or drama events; the costs of connecting to the Internet; school

lunches; and religious instruction materials.

Some of the fees usually charged by public schools, however, would qualify for a tax break under the governor's plan. They include fees paid to participate in extracurricular sports, drama groups and driver education courses. In addition, education-related fees such as lab equipment

and computer time would qualify for the tax breaks.

Some transportation costs would be eligible for tax deductions. Costs paid to others to get children to eligible educational institutions would qualify for the tax break. That would be a big help with the coming of the public school choice program, Zeuske said.

She said parents of high school students likely would get more help than those with only elementary school children. Fees and costs are generally higher at the high school level.

School credit plan could pay big dividends in the future

The late Mike Royko spent decades poking fun at Chicago politicians.

In one of my favorite Royko columns he observed that the

unofficial motto of Chicago aldermen was "Ubi Est Meum?" or "Where's Mine?" The implication being that no one in city government did anything unless they got a piece of the action.

That insight into human nature applies well beyond the boundaries of the Windy City. The truth is that most politicians want to see some direct benefit to any proposal they vote for because that's what their constituents want.

Looking farther down road

The truly effective political leaders are those who can persuade the public to look farther down the road and accept minimal gains for more substantial progress over the long haul.

Of course, leaders can't do it alone. The people themselves have to be sufficiently committed to the common good to accept delayed gratification.

Parents and others committed to policies that offer tax relief and other assistance to empower parents to choose the best schools for their children face such a challenge in deciding whether to support Governor Thompson's plan to provide a tax credit or deduction for certain school related fees and educational expenses.

Plan has good points, one limitation

The plan has much to commend it. It blends both refundable credits to assist low income families and tax deductions for more middle class families. The credit is available to parents for expenses ranging from kindergarten through college years.

Most appealing and ground breaking of all, it applies to parents who choose nonpublic schools, including religious schools.



But nothing is perfect in this world and this proposal has a limitation. The credit and deduction may not be claimed for tuition. Tuition is the largest single expense facing parents who choose religious and other nongovernment schools. As a result, the "in pocket" benefit of the plan will be much less than if all or part of tuition costs could be claimed as an allowable expense under the proposal.

Challenge and choice

Hence, parents and other backers of Catholic schools are presented with a challenge and a choice.

On the one hand, they can take the long view, become energized over part of the loaf and show that substantial support exists for the governor's initiative. By doing so, they can set the table for expanding the credit in the future. On the other hand, they can decide that the smaller benefit of credits for book fees, band expenses, computers, and other costs aren't worth the effort.

Court decision on vouchers pending

With the Wisconsin's Supreme Court's decision on vouchers for parents who choose religious schools expected by June, political leaders are already assessing the costs and benefits of expanding the voucher plan statewide if it is found constitutional or of looking for other ways to help parents if it is not.

A vital factor in their decision is whether the support they can expect from parents and friends of parental choice will be enough to offset the opposition from the public school lobby.

Friends of Catholic school parents can help policy makers make that choice by resisting the urge to say "where's mine?" and backing this limited credit/deduction plan as an installment in a long term investment in the future of parental choice and empowerment for all Wisconsin families.

John Huebscher is executive director of the Wisconsin Catholic Conference.



Urgent Legislative Memo

date: March 4, 1998

to: Members of the Joint Finance Committee
Senators Dale Schultz, Brian Burke, Russell Decker, Bob Jauch, Kevin Shibilski, Robert Cowles, Mary Panzer, and Peggy Rosenzweig

Representatives John Gard, Tom Ourada, Cloyd Porter, Sheila Harsdorf, Dean Kaufert, Sheryl Albers, Barbara Linton, and Spencer Coggs

from: Hal Rebholz, WREA Legislative Chair
Leigh Roberts, WREA Research and Monitoring Chair
Jane Elmer, WREA Executive Director

re: **WREA'S OPPOSITION TO INCLUDING PENSION LEGISLATION IN THE BUDGET ADJUSTMENT BILL**

WREA'S OPPOSITION TO THE TIAA-CREF BILL (AB 331)

The Wisconsin Retired Educators' Association (WREA) is concerned about the discussion we have heard regarding a possible plan to include pension changes in the Budget Adjustment Bill. Such action circumvents the system, does not allow time to consider the studies which are underway and does not allow for public input into the process. The Wisconsin Retirement System (WRS) is complex. Any changes made need careful study because of the possible impacts on participants and the long term stability of the fund.

WREA opposes the TIAA-Cref Bill (AB 331) which would allow new hires in the university system to choose between the WRS and another pension fund. The WRS is one of the best, if not *the best*, in this country. Hard work was done to consolidate this system in the 1980s. Rather than whittle away at it now and reduce contributions into the fund, we should consider improvements in the existing system, such as the elimination of the vesting period and the 5% effective rate cap on participants since 1982, to make it more appealing.

WREA also opposes circumventing the system by including a pension improvement in the Budget Adjustment Bill. Currently, WREA has not taken a position on AB421 and SB245 (pension changes) because it is premature to do so. The long term effects of such change and funding of this bill have not been properly studied and determined. WREA opposes a hasty decision to include such an important issue with far-reaching effects in the Budget Adjustment Bill.

Thank you for considering our comments. We will be happy to discuss these issues with you at any time and would welcome your response to our concerns.

cc: Assembly Speaker Scott Jensen
Majority Leader Steve Foti
Mark Bugher, DOA Secretary
Senator Rick Grobschmidt, JSCRS
Representative Judy Klusman, JSCRS

Affiliated with
the National
Retired Teachers
Association (NRTA)—
A Division of AARP

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DEVELOPMENTAL DISABILITIES COALITION

“Providers working together to coordinate services
for persons with developmental disabilities in Dane County.”

Theresa Fishler Avenues to Community Chair	Barb Caswell Goodwill Vice Chair	Olwen Pomarnke-Blake REM-Wisconsin Vice Chair	Janet Estervig W.O.R.C. Treasurer	Bill Huisheere RFDF Secretary
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Hello, my name is Olwen Pomarnke-Blake. I am Vice Chair of the Dane County Developmental Disabilities Coalition and Regional Director for REM-Wisconsin. I am speaking today on behalf of the Developmental Disabilities Coalition. I am here representing over 2000 adults and children with disabilities receiving services in Dane County. The Coalition is comprised of community service providers who contract with Dane County to provide essential supports to adults and children with developmental disabilities who live in Dane County.

I am here today because of the serious concerns our Coalition has about the proposed biennial budget. While there are a variety of areas of concern including insufficient funding for the highly successful and cost effective COP program, and inadequate increases for the CIP programs, our primary concern is the cut in Community Aids funds in the proposed budget.

As you are aware, Community Aids funds are distributed to Wisconsin counties to help them fund the essential human services that are delivered to our citizens in need of supportive services. Community Aids help fund human service programs for children, people with disabilities, and older adults who require assistance to live full lives as members of our communities. We know the State of Wisconsin values these services because most of them are, in fact, mandated to be provided. We know they are valued because we talk to the individuals receiving the services, their families and their neighbors on a daily basis. They've told us how much they value the quality of the service system in Wisconsin. There is much to be proud of.

We are seriously alarmed at the proposed slashing of community aids funds. Unless the slated cuts in community aids are restored, and a basic "cost to continue" increase is added to the

budget, Wisconsin counties will be forced to reduce the level of human services that are being provided. Current service levels are barely adequate. In Dane County alone we are aware of 100's of people waiting for services, and that story is repeated throughout the state. Without the full funding of community aids, there is no question that some counties will be forced to terminate some service currently being provided.

On behalf of the Dane County Developmental Disabilities Coalition, I ask you to restore the Community Aids funding and to provide for a reasonable increase in the funding for the cost to continue current services. We do not think that it is the Governor's intention, nor that of the legislature to say that a small tax cut is more important than the lives of people with disabilities and others who rely on our county community service systems.

In Dane County, we have been told to expect cuts of at least 4 % in community service funding if the community aids cuts are not restored. Does this mean that we think 4% of the people receiving essential service should not? What about all of the people still on waiting lists? Will people die before getting needed services? Does it mean that already low-paid workers should receive pay cuts of 4%? Our booming economy already has human service providers scrambling to find staff willing to work for the wages we can currently offer; we could not continue if wages have to be cut. Does this mean that everyone receiving services shall simply have to find a way to get by with less? Should we begin to inquire about which meal during the week they would like to skip, since we will have less staff to provide the necessary assistance, or which trip to the bathroom they would prefer to go without?

I challenge every member of this committee to think for a minute what it would mean to you if you were told that you or your family member could not eat or could not go to the bathroom because we decided that it is more important to give all of us a few dollars of a tax cut instead of providing that assistance.

Community services that are provided in Wisconsin with the use of community aids dollars are effectively and efficiently used to benefit the citizens of our state. Please restore full funding for community aids. Thank You.

March-19-1999

Since I'm facing my most recent eviction and feel I have no strength to fight it, I have foreseen some of the places where I will end up. After 20 years I never thought I would have to choose since I had hope in the system.

I feel that I will either be homeless in a nursing home, or will be reduced to rely on primitive actions to survive (criminal activity).

A nursing home would be an option that could cost the taxpayers \$135.00 a day which is around \$4,000.00 a month. I'm receiving Medicare and medicaid but it would not cover it.

Why go this route when it could be less costly to keep me in my home and provide me with the in-home health care I need. All I have ever wanted was to be a full functioning citizen and member of the community but all the roadblocks I have faced in the last 20 years have made me more ill.

P.S. I would like to see if you would help me keep my present residence which I will lose in the next 7 days and this will worsen my already crisis (Pg. 2)

March-19-1999

Condition of health, please send me a
Response Letter.

Thank you

P.O. Box

260062

Madison, Wl 53726-0062

C. Nisler

Thank you

P.O. Box

260062

Madison, Wisc. 53726-0062

C. Naylor

C. Neider
P.O. Box 260062
Madison, Wisconsin
53726-0062

I AM A YOUNG WOMAN WHO HAS LIVED AND STRUGGLED WITH CHRONIC FATIGUE SYNDROME, FIBROMYALGIA, CANDIDA, MULTIPLE CHEMICAL SENSITIVITIES AND MILD DEPRESSION FOR ALL OF MY ADULT LIFE. MY ILLNESSES CAUSE ME TO TIRE EASILY - THE LEAST PHYSICAL ACTIVITY IS DIFFICULT AND INTENSELY PAINFUL. I GET OVERWHELMED EASILY, I CANNOT MAINTAIN MY BASIC HYGIENE - LIFTING MY TOOTHBRUSH CAN OFTEN BE A FORMIDABLE TASK - OR PERFORM BASIC LIFE ACTIVITIES.

I HAVE DIFFICULTY SLEEPING, HAVE BRAIN FOG AND DIFFICULTY COMMUNICATING AND GETTING MY POINT ACROSS - I EVEN HAD TO ASK SOMEONE TO WRITE THIS LETTER FOR ME. I DON'T LOOK DISABLED AND THEREFORE FIND MYSELF IN THE EXHAUSTING POSITION OF TRYING TO VALIDATE MY LIMITATIONS AND EXPLAINING MY ILLNESSES TO EACH NEW PERSON I COME IN CONTACT WITH.

AS A RESULT OF MY FATIGUE LEVEL AND INABILITY TO ADDRESS MY BASIC NEEDS AND RESPONSIBILITIES I HAVE BEEN EVICTED FROM ALMOST EVERY HOME I HAVE LIVED IN, BEEN FIRED FROM ALL OF THE JOBS I'VE HAD, AND HAVE BEEN UNABLE TO GET AN EDUCATION. I HAVE A VERY LIMITED SOCIAL NETWORK - IT IS DIFFICULT TO KEEP FRIENDS. MY FAMILY HAS BEEN SHATTERED - I AM DIVORCED AND MY SON IS EMBITTERED AND UNABLE TO TAKE THE PRESSURE AND RESPONSIBILITY OF LIVING WITH ME ANY LONGER.

I AM CURRENTLY BEING FACED WITH YET ANOTHER EVICTION AND AM FACED WITH THE PROSPECT OF BEING HOMELESS. I CANNOT AFFORD THE HELP I NEED, I HAVE NO CREDIT - HAVING BEEN FORCED TO LIVE OFF CREDIT CARDS WHEN I COULD NOT MAKE ENDS MEET.

I WORK VERY HARD, BUT AM UNABLE TO DO THIS ALONE. I NEED HELP. I NEED IN-HOME HEALTH CARE, SOMEONE TO HELP WITH HOUSEKEEPING, MEAL PREPARATION, GROCERY SHOPPING, COMPANIONSHIP, OCCUPATIONAL THERAPY AND AN EFFECTIVE ADVOCATE. I NEED HELP GETTING MY BASIC NEEDS MET SO I CAN CONCENTRATE ON GETTING WELL AND ATTAINING THE HEALTHY AND PRODUCTIVE LIFE I WANT AND KNOW IS POSSIBLE. AT THE MOMENT I AM SO OVERWHELMED BY MY FINANCIAL STRAITS, MY DETERIORATING HOME LIFE, AND TRYING TO MEET MY VERY BASIC NEEDS THAT I HAVE NO ENERGY LEFT OVER TO HEAL.

I HAVE REACHED OUT FOR HELP AND HAVE GOTTEN NOWHERE. I HAVE ATTACHED A LIST OF MANY OF THE SERVICES I HAVE CONTACTED, I HAVE NOT RECEIVED ^{the} ^{the} ^{need} HELP FROM ANY OF THEM. AND I AM OUT OF OPTIONS. I HAVE NO IDEA OF WHERE TO TURN NOW AND AM BESEECHING YOU TO HELP ME. THE STATE OFFERS HELP THAT HAS NOT PROVEN TO BE HELPFUL AND WHEN I ASK FOR ASSISTANCE WHICH I FEEL WOULD BE HELPFUL I AM TOLD THAT SINCE I REFUSED THE ASSISTANCE OFFERED TO ME THERE IS NOTHING THEY CAN DO. WHY IS THE STATE WILLING TO PAY \$235 / HR TO SEND ME TO A PSYCHIATRIST WHO HAS NOT PROVEN TO BE HELPFUL, BUT WON'T PUT THAT AMOUNT TOWARD THE TANGIBLE HELP I NEED?

PLEASE HELP ME

P.O. Box
260062
Madison, Wisconsin 53726-0062

Sincerely C. Neiker

 ASW... ASW... ASW... ASW... ASW... ASW...

PUBLIC HEARING
March 5, 1998

To: Members of the Joint Committee on Finance.

Re: Wisconsin State Budget Adjustment Bill (AB 768/SB436)

Members of the Autism Society of Wisconsin strongly support community services for people with disabilities.

Therefore we support the addition of \$4,000,000 for the Community Options Program in addition to the transfer of \$6,000,000 to address the waiting lists for COP services in Wisconsin.

We also support the concept of the proposed Family Care Program which could simplify the long term care system and level the "playing field" between community services and institutions and nursing homes. We look forward to advocate and consumer participation in refining the proposed system.

We ask your support for the proposal to seek waivers for pilot projects to enable people to work and to maintain eligibility for Medical Assistance and other benefits. Health insurance coverage is often denied or inadequate for people with disabilities.

We also urge your immediate attention to a grave injustice that may have inadvertently been a part of the W-2 legislation. Parents with disabilities who are on SSI previously received allowances based on the AFDC rates in order to provide for their children. W-2 cut these benefits from a formula starting with \$248 for the first child and lesser amounts for additional children down to a sum of \$77 per child. These parents are seriously disabled and unable to work. They cannot support their families on the current allowances. We ask that you remedy this injustice by including the provisions of SB 454 in the Budget Adjustment Bill.

We also ask you to oppose the imposition of co-pays for use of specialized medical vehicles by MA recipients. People on Medical Assistance must meet financial eligibility and they cannot afford to take these co-pays out of their meager budgets.

Thank you for your attention to our concerns.

Frances Bicknell
Legislative Chairperson
Autism Society of Wisconsin
608-233-3390

Tommy G. Thompson
Governor

Linda Stewart
Secretary

Melvin Story
Chair



State Rehabilitation Planning and Advisory Council

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State of Wisconsin
Department of Workforce Development

1997-99 Budget Adjustment Bill
Joint Committee on Finance
Public Hearing
3/5/98

Testimony on behalf of the State Rehabilitation Planning and Advisory Committee (SRPAC), the federally-mandated, Governor appointed, consumer-controlled advisory body to the Division of Vocational Rehabilitation within the Department of Workforce Development. The Division of Vocational Rehabilitation serves 30,000+ individuals with disabilities annually and provides employment related training and job placement and job retention services.

Good day,

My name is Mel Story and I am the chair of the SRPAC to the Division of Vocational Rehabilitation. I am testifying today on behalf of the Council and making a request, along with organizations of the Madison-based Survival Coalition, for the restoration of \$500,000 in GPR to the DVR case aids budget in the second year of the biennium.

Let me give you a little history on this request.

In the 1997-1999 biennial budget, a \$500,000 reduction of GPR was replaced with \$500,000 in "third party contract match". Since the state match is approximately 22%, the GPR replacement resulted in a reduction of \$1.8 million in federal dollars for **"discretionary" case aid funds**. Discretionary case aid funds are the dollars that VR counselors spend to purchase rehabilitation services for eligible persons with disabilities. The combined effect of the loss of \$500,000 GPR and the discretionary federal case aid dollars was \$2.3 million in the first year of the biennium.

Third party contracts involve an agreement between a state or county funded agency and DVR. The state or county funded agency agrees to provide the 22% in taxpayer funds to capture the 78% in federal dollars. The services which would normally be purchased by a VR counselor are then provided through a "contract" with the third party agency. The funding plan seems workable but there are many drawbacks.

In May of 1997, the State Rehabilitation Planning and Advisory Council took a strong stand against the \$500,000 GPR displacement. The reasons are varied and many, but the bottom line was that we anticipated that the move to displace discretionary case aid dollars into third party contracts would cause the 21 field offices to run short of case aid funds. We also felt that the GPR erosion would negatively impact services to those with the most severe disabilities, the group which has the highest priority for VR services.

SRPAC members documented contract spending patterns and the impact of contracts on the average DVR client. We spent several weeks and many hours attempting to educate policy decision makers within DWD, DOA, the Governor's office and even the staff of the chairs of Joint Finance on the negative effects of the GPR displacement. The State Independent Living Council and Wisconsin Council for Developmental Disabilities joined us in our efforts to restore the \$500,000 GPR to the DVR case service base. Despite our best efforts, we were unable to accomplish the task of restoring the GPR funds to the DVR case aids base effective July 1, 1997.

Our worst fears were realized when in January, a "case services funding status" memo was issued from DVR Central Office to the 21 field offices stating that there was an anticipated shortage of \$2.8 million in case service aids in the first six months of 1998. A series of "conservation measures" were immediately put in place across the State of Wisconsin because of the anticipated fund shortage. **The conservation measures caused an extreme hardship to both the clients of Vocational Rehabilitation and the counselors who had to immediately cancel purchase orders and drastically reduce the purchase of services which support the vocational plans of the clients they serve.** You may have received calls in your offices from distraught clients who experienced this disruption in service.

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On February 23, 1998, a memo was issued from DVR with a "short term" fix of ~~\$2.89~~ million dollars in reallocated DWD resources to support case aid spending until June 30, 1998. The massive infusion of funds restored the case aids budget to an adequate level to resume timely delivery of services for the next few months. We applaud the Department for this move.

However, we were very disappointed to learn that the Department of Workforce Development decided "not" to pursue a 1310 request to restore the \$500,000 GPR to the DVR case aids base effective July 1, 1998. Instead, the Department decided to establish a workgroup to explore the use of fiscal resources and develop improved strategies for maximizing resources through the use of third party contracts. We do not believe this strategy will serve the Division or its customers well. In fact, we believe this strategy will create another fiscal crisis in the next year.

For the past two bienniums, SRPAC has voiced concerned about the displacement of GPR to the DVR case aids base. Last year we began

studying the use of 3rd party contracts within the Division and raised concerns about the quality of some of the contracts and the concentration of these funds on persons with less severe disabilities. DVR has also pointed out there are geographic disparities across Wisconsin in the disbursement of third party contracts.

While there is nothing inherently wrong with a third party contract, we were and remain convinced that third party contracts cannot adequately replace discretionary case service aids and that overreliance on third party contract funding will have negative impacts on the quality and quantity of VR services delivered throughout Wisconsin.

We do not believe that maximizing DVR fiscal resources through the use of third party contracts is in the best interest of the VR customer.

We do believe that overuse of such contracts threaten the federal mandates for "consumer choice", "focus on services to those with the most severe disabilities" and "equity in statewideness".

We also believe that unless there is a restoration of \$500,000 in GPR to the DVR case aids base in the Budget Adjustment Bill effective July 1, 1998, the field offices will face a severe shortage of case aid funds again in the second year of the biennium.

As the recognized advisors to the Governor and the Department, we join with the Survival Coalition and other advocate groups across the state to request that the Joint Finance Committee restore \$500,000 in GPR to the DVR case service aids base effective July 1, 1998. The GPR restoration is the only assurance for an uninterrupted flow of services statewide and for compliance with federal mandates and regulations in the second year of the biennium.

Once the restoration is accomplished, the SRPAC will monitor the Division's case service aids spending as well as the pending creation of a plan by DWD/DVR to utilize third party contracts to address the delivery of a full-range of VR services on a statewide basis. At such time as we are convinced that such contracts can and will meet all of the mandates of the federal regulations for VR services and expenditures including the mandate to prioritize services to those with the most severe disabilities, we will join with DWD in a request to decrease the GPR base allocation.

Thank you for your time and the action that you will take on our request. You have the ability to positively impact the lives of 30,000 individuals with disabilities who will access the DVR service delivery system in our state this year. We need your leadership and action.

Mel Story, Chair
State Rehabilitation Planning and Advisory Council
N28 W226610 Miami Drive
Pewaukee, WI 53072
414-691-2169

March 5, 1998

Public Comment on the Budget Adjustment Bill [SB 436/AB 768]

Request to Restore the \$500,000 in GPR match for DVR Client Services

As Coordinator of the Client Assistance Program (CAP), I am speaking on behalf of consumers of Wisconsin's Division of Vocational Rehabilitation (DVR) program. CAP is a federally funded program (Rehabilitation Act) that advocates for individuals with disabilities who are attempting to receive services from the DVR agency.

Our program operates an 800 line that receives calls from DVR consumers and investigates their complaints. Individuals have had services denied and delayed due to DVR's efforts to address a \$2.8 million deficit. I am aware that legislators believe that there is no problem - but that is simply not true.

On February 23rd, DVR sent a memo (DVR-98-021) to local DVR offices advising them that \$2.7 million was transferred into the DVR case services budget to address case service needs until July 1, 1998. However, DVR offices have been advised to continue cost-saving measures. It is CAP's opinion that these actions are a violation of the Rehabilitation Act that provides 78% of DVR's funding. On February 26, 1998, the DVR Administrator received a letter from the federal government asking how the DVR agency plans "to provide the full range of services to all eligible individuals in Wisconsin" through September 30, 1998.

I understand that legislators believe that the \$500,000 reduction in GPR funds would be replaced with 3rd party match funding. However, 3rd party match funding cannot replace the GPR funds that are used to purchase individual items and services for people with disabilities.

As you may know, 3rd party match funds are state and county dollars that are used to match federal dollars. These funds are used to fund services for people with disabilities offered by state and county agencies. In many cases, these programs actually create new referrals to DVR, rather than serving the existing DVR clientele. In other cases, the services existed as state funded services prior to capturing DVR dollars.

Section 361.28 of the federal regulations defines the criteria for using a 3rd party funding mechanism. The state must assure that the services provided "are not the customary or typical services provided by the agency but are new services that have a vocational rehabilitation focus or existing services that have been modified, adapted, expanded, or reconfigured to have a vocational rehabilitation focus."

Wisconsin DVR has some 3rd party match programs that are very effective. These programs specialize in serving a specific disability, such as mental illness, by providing one on one staff time to assist the person to maintain employment. The program offers a level of service that cannot be provided by a DVR counselor with a caseload of 100 - 200 individuals. These services are not statewide, so the ability to benefit is determined by where a person lives.

The majority of 3rd party contracts serve 3 disability groups: mental illness, learning disabilities, and deaf or hard of hearing. The majority of people who apply for DVR services have orthopedic impairments. In fact, there are twice as many applicants with orthopedic impairments (ie. spinal cord injuries, multiple sclerosis, amputations) than the other 3 disabilities combined.

In a letter from one of your committee members to a constituent, it states: "while it may take longer to match individuals to the services they require, no services will be cut." Your constituent does not have the right disability to qualify for the 3rd party programs. She needs the type of services that are purchased from the counselor's case service budget.

3rd party services can also create additional costs to the counselor case service budget. If a deaf student in Superior needs to take classes at a technical college, DVR is encouraged to use one of the 3rd party contracts that pays for interpreters in Janesville, Kenosha, Madison, Fond du Lac, Green Bay, Waukesha, or La Crosse. The contract will cover the interpreter, but the case service budget will fund the transportation and living costs away from home. Is it fair to ask this individual to move away from home to utilize a different pot of money?

Another example of the limitations of 3rd party services comes from the Milwaukee area. The man is blind and needs 2 services to achieve employment. He needs a computer that is adapted for his blindness that he can use at a potential job site and he needs training on the equipment. DVR was able to offer the training through a contracted service. He was advised that DVR was not able to purchase the computer because of the projected budget deficit. DVR cannot purchase individual items for people with 3rd party contracts. The man contacted our office because a potential job was about to be lost.

One last point - in 1996, the average cost for one 3rd party service was \$2,044 per person. A range of services purchased from a counselor's case service budget cost \$1,375.86. If our state plans to continue to use the 3rd party mechanism to provide services, it will need to reduce the number of people that DVR serves.

Wisconsin needs to maximize its use of federal funds to provide statewide services to people of all disabilities. The federal intent of 3rd party match services was to give states the opportunity to capture the federal dollars that are not used by other states. Wisconsin needs to provide the full GPR match to fund local, cost-effective, individualized services. The DVR agency can then use the 3rd party mechanism to capture additional federal funds to serve specific groups.

Replacing the \$500,000 in GPR funds for case services will bring \$1.8 million in federal dollars to Wisconsin to help citizens with disabilities obtain employment. I urge you to make this investment in people with disabilities who want to work.

Please feel free to contact me if you wish further information.


Linda Vegoe, CAP Coordinator
608-267-7422

cc: Dr. Judy Norman-Nunnery, DVR Administrator
Mel Story, State Rehabilitation Planning & Advisory Council Chair
Fred Greasby, State Independent Living Council Chair

EBTIDE

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March 5, 1998

To: Joint Finance Committee Members

From: Joseph Kutil

RE: Funding for vital community programs

I'm here today to show my support, both as a disabled person, and an EBTIDE (Economic Benefit Through Individual Disabled Employment) board member. For the Long care redesign, which I believe is now called family care. I also strongly support Pathways to Independence, and urge you to continue funding for those programs. I want to take a moment to commend the staff of the redesign team for having the foresight to include people with disabilities as consultants on the redesign work groups. Their leadership in these regards has been exemplary

It is also my hope that you continue support for the Wheelchair Recycling Program. Without this program I would never have been able to replace my shower chair the day after it broke. Although I qualify for Medicare, and eventually got a prescription for a new shower chair from my doctor. I still had to order a new shower chair, and I'm still waiting for it to be delivered. The Wheelchair Recycling Program helps any and all people who fall through the cracks, and have nowhere else to turn.

I also want to voice my support Gene Hahn's upcoming legislation regarding EBTIDE's computer literacy program. It not only helps to enable people to gain, or regain employment. It also puts to good use what would otherwise be considered outdated technology, which would otherwise eventually end up in a land fill.

Sincerely,

Joseph Kutil
Rehabilitation Consultant M.S.

Mr. Chairman and Members of the Joint Finance Committee

My name is Bruce Borden and I represent EBTIDE and myself in support of providing the requested funding through the budget adjustment bill for the LONG TERM CARE REDESIGN TEAM'S demonstration projects known as "Family Care" and "Pathways to Independence."

- SSA says there are 6,000,000 persons in America with severe disabilities who want to work
- AAPD projects the gross earning to be in excess of \$195,000,000,000 when we achieve our employment goals
- The projected tax revenue on that income for state and federal government exceeds \$80,000,000,000
- American Taxpayers richly deserve the contribution disabled citizens will be able to make when the barriers to employment are removed
- We wish to commend the Department of Health and Family Services on the level of involvement and inclusion of persons with disabilities in the redesign effort. To my knowledge the degree of interaction has been unprecedented in American History and the results are spectacular
- "Pathways to Independence" is the most visionary barrier removal demonstration project in the nation

The eyes of America once again are turning toward Wisconsin for providing innovative leadership. I ask that you embrace our vision and join us in removing barriers to employment for persons with disabilities.

"Pathways to Independence" is providing the safety nets that will allow me to begin my journey of upward mobility, regain my status as a tax paying citizen, and return my fair share to the economic base.

I will, through my efforts, take what has been only a dream and make my American Dream a reality.

Respectfully submitted,

Bruce G. Borden March 5, 1998

Mr. Chairman and Members of the Joint Finance Committee

My name is Bruce Borden, I represent EBTIDE. As the founder of the Wheelchair Recycling Project, I ask your support in providing the requested funding through the budget adjustment bill for our program.

- We provide wheelchairs and other medical equipment to persons without insurance or the means to pay for it. The Wheelchair Recycling Project has made Wisconsin the only state in the nation where every citizen who needs a wheelchair can get one.
- We have made a commitment to support Wisconsin employers and persons with disabilities as they achieve their employment goals by supplying equipment in situations where funding streams do not exist. (Please see attachment)

Join us as we impact so many Wisconsin citizens positively.

Respectfully submitted,

Bruce G. Borden

March 5, 1998

- **EQUIPMENT SUPPORT** - EBTIDE continues working with the **WHEELCHAIR RECYCLING PROGRAM**, which we started. We have placed special emphasis on the Wheelchair Recycling Program providing recycled equipment for reasonable accommodation to support employers and people with disabilities in accomplishing their employment goals.



Wheelchair R e c y c l i n g Program

How WRP Helps Employers and Persons with Disabilities

WRP works with individuals, agencies, and employers to break through access barriers and find reasonable accommodation solutions. Because needed equipment is not always covered by traditional payors—and would be costly for the employer or employee to purchase—WRP provides refurbished medical equipment. Whether the need is temporary or permanent, employers and employees will find creative solutions with WRP.

Back-up Wheelchairs
 Personal Convenience Devices
 Equipment Loans
 Workplace Equipment
 Canes, Crutches, Walkers, Personal Aids

The person with a power wheelchair purchased by Medicare, Medical Assistance or private insurance is not covered for a back-up wheelchair. But what does this individual do if the power chair breaks down? Without a back-up chair, he lies in bed awaiting repair of his mobility source, losing valuable work time. Through WRP, scores of Wisconsin residents now have back-up wheelchairs to ensure ongoing mobility and alleviate lost work days.

An area company is using a WRP power scooter for an employee with a severe leg injury. The job requires movement throughout a large complex, which was impossible on crutches. Because her mobility need was primarily work-related, private insurance could not cover a wheelchair. This employee has been back on the job since four days following her hospital discharge because she was able to get the equipment she needed at WRP.

The Wheelchair Recycling Project (WRP) was founded to make a difference in people's lives by providing "mobility with dignity." Our mission is to provide wheelchairs and other medical equipment to those without coverage through Medicare, Medical Assistance, or private insurance and without the financial means to purchase or rent needed items. What we do is actually better than recycling; it is refurbishing and redistributing needed equipment to Wisconsin residents.

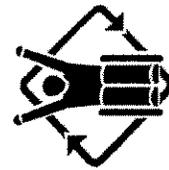
help others gain needed equipment

The Wheelchair Recycling Project is a nonprofit organization made possible entirely by donations of equipment, service time and money. You can help others achieve their maximum potential by:

donating used wheelchairs, walkers, crutches and canes, bathroom equipment, wheelchair parts, hospital beds and other devices

contributing funds to pay for equipment that others cannot afford

volunteering your time and talents by collecting or repairing equipment, helping in the office, fund raising or dozens of other ways



Wheelchair
Recycling
Project

3531 International Lane | Madison, Wisconsin 53704

Telephone: 608 / 243 - 1785 | Facsimile: 608 / 243 - 1787

resources and key support

The Wheelchair Recycling Project depends on the financial support of Wisconsin businesses, foundations and individuals, including key support from:

Wisconsin Association of Medical Equipment Services
American Family Insurance
Wisconsin Department of Natural Resources
Wisconsin National Guard
The Evjue Foundation
WisTech

Wisconsin Health Care Association
The Capital Times
Madison Downtown Rotary
Herbert H. Kohl Charities

AAA Wisconsin
CUNA Mutual Foundation
Congressman Scott Klug
Keller Foundation
Eisner Foundation

The George Kress Foundation
Land's End

Meriter Hospital
Wisconsin Power & Light
Marshall Erdman & Associates

Prent Corporation
The Capital Times Kids Fund

Worzalla Publishing
2WayTV Corporation

Rotary Club of Madison West Towne / Middleton
The Cremer Foundation

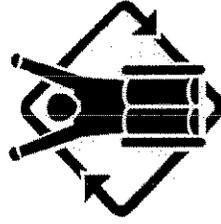
General Casualty Company of Wisconsin
JC Penney Golden Rule Award
AT&T

For more information, contact:

Wheelchair Recycling Project
3531 International Lane
Madison, WI 53704
608/243-1785

FAX 608/243-1787
<http://www.telptv.com/wrp.html>

WHEELCHAIR RECYCLING PROJECT



making a difference
in people's lives

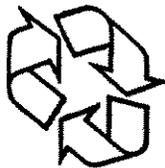
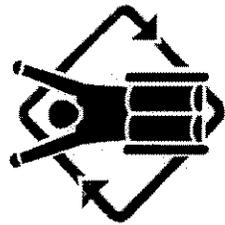
mobility with dignity

making a difference in people's lives

There are many people with physical challenges who don't have the financial resources to get the mobility and other medical equipment they need to live life to its fullest. And there are so many used and broken wheelchairs, crutches, walkers and canes, and other medical devices that could be reused by people in need.

That's why the Wheelchair Recycling Project was founded. We collect used equipment, clean it, repair it, and redistribute it to people who otherwise would not have access to needed or appropriate equipment.

Our mission is to provide mobility with dignity to individuals with physical challenges by recycling wheelchairs and other devices which were destined for landfills.



Wisconsin and the world

The Wheelchair Recycling Project's first priority is to serve people in Wisconsin, then to provide surplus equipment to international relief organizations for reuse throughout the world. The Project has provided hundreds of wheelchairs and other pieces of medical equipment in Wisconsin. And our recycled equipment is also being reused on five continents and in many countries including China, Poland, Guatemala, Guana, El Salvador and Romania.

 Recycle mobility devices and other medical equipment for use by Wisconsin residents and other peoples of the world

 Inform the public on issues related to accessibility, the *Americans with Disabilities Act* and the skills, needs and characteristics of individuals with physical limitations

 Educate the public on the positive humanistic and environmental benefits of the project

 Reduce the volume of landfill waste resulting from the disposal of medical equipment and recover and redirect non-usable components to appropriate recycling channels

together we can
make a difference

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Please check one or more of the following.

- I would like more information on volunteering.
- Enclosed is my contribution to help others get the equipment they need. (Please make checks payable to the *Wheelchair Recycling Project*.)
- I would like to be included on the Wheelchair Recycling Project's mailing list for updates and newsletters.

Mr. Chairman and Members of the Joint Finance Committee

EBTIDE is asking your support on the pending request from Representative Hahn for our pilot program regarding computer literacy for persons with severe disabilities. We wish to develop and demonstrate the most effective ways to deliver initial computer training to persons with mobility and economic barriers.

We will use recycled computers and partner with the corrections programs, Independent Living Centers, Department of Workforce Development, Dept. of Vocational Rehabilitation, Department of Economic Support, Wisconsin technical schools, WIS-Tech, and the libraries and the school systems.

We will address the most efficient methods to support persons with disabilities using the internet to connect with continued adult education, their vocational rehabilitation goals, and employers who have work at home opportunities.

There is a sense of urgency to develop these strategies so persons with severe disabilities can acquire the skills and choose to participate in the "Pathways to Independence" demonstration project.

Respectfully submitted,

Bruce G. Borden

March 5, 1998

EBTIDE: COMMUNICATION INITIATIVE

The current technology and communication systems have leveled the playing field for many people with disabilities to engage in productive employment activities.

Teleconferencing capabilities with video and audio hookups are available for as little as \$250 to \$300 for computers. The servers that link teleconferencing through the web site are available for as little as \$20 per month. This technology allows people with disabilities to operate from their home with 24 hour teleconferencing access through specialized web sites on the Internet to any other individual, employer or provider who has the same capability.

Voice recognition software systems are sophisticated enough to enable a person with a disability with very little movement to operate communications, record keeping and writing functions to deliver the results to any point world wide with the same teleconferencing technology.

People with disabilities can now interact with their benefit providers from their home through E-mail and teleconferencing capabilities thus saving allot of travel time and cost to the public sector to deliver ongoing benefits.

The EBTIDE system involves accomplishing the following objectives:

- Develop a computer recycling capability in order to get computers to any person with a disability who can use and needs one to develop computer literacy skills
- Work with the technical school system in an adult outreach capacity to provide computer literacy to any disabled adult who wants to benefit from it
- To work with the technical colleges to develop low cost access to the Internet
- Explore the possibility of delivering self-care management process to employed people with disabilities state wide
- Advocate direct line hookups to all new disabled housing being built
- Demonstrate effectiveness of home employment for disabled people using current telecommunication systems
- Coordinate state of the art organizations that deliver communication technologies which will enhance people with disabilities access to employment

• **COMPUTER LITERACY PROGRAM**

EBTIDE is promoting using recycled computers and the Internet to create the connectivity for people with disabilities to the community, continuing adult education, and employment from home opportunities. There are many people with disabilities, who, because of economic reasons or mobility barriers are unable to achieve their personal goals.

There is a need to pilot a computer literacy program and determine how we can best reach this population. The pilot should partner with the Department of Corrections computer repair job training program to make recycled computers available to people for whom a computer can help accomplish their goals. The objective is to develop effective ways of getting in-home training and technical support to people so their computer literacy skills are sufficient for them to achieve success. Success will be determined when a person is enrolled in a Department of Vocational Rehabilitation program, continuing adult education, or actively involved in employment training with an employer.

To our knowledge no one has developed a program to reach the people with these barriers.

Our initial foray to begin understanding the problems inherent in the process, we solicited contribution of three 486 computers. We hoped to determine some of the issues and problems in accepting donated computers and using them to accomplish our goals. Here's what happened:

Computer #1:

The consumer selected for this computer is a 60 year old man who is a C5C6 quadriplegic. He has been bed bound for over four years. This man has attempted to achieve his employment goals since his injury 43 years ago. He is interested in gaining computer literacy skills and access to the Internet. His personal goal is to enhance his income by doing background checks and dead-beat parent searches. He does not have the resources to purchase a computer, nor does he have the mobility to leave his home for training. He lives 80 miles from Madison, so delivery and training can only be accomplished by volunteers at this time.

This computer came with a 180MB hard drive. It was determined it needed a larger hard drive, CD-ROM, modem, two inch track ball and software in order to be functional for the recipient. The recipient agreed to pay for Internet hookup and the track ball himself. We purchased a modem, CD-ROM and Windows 95. A volunteer agreed to deliver the computer, install it and do some initial training. The volunteer, also, will help the individual get on the Internet. We still need to return and install the CD-ROM. We should be able to get the computer turned on and checked out, and do some initial software training at this time. Once the computer is working, the recipient wants to go get his own track ball and make arrangements for Internet hookup. At that time we will attempt to talk the recipient through use of the Internet on the phone until we can communicate via email.

In February of 1998, the recipient decided to reenlist in DVR services. He is receiving a Pentium voice activated computer and will be engaging in vocational training to begin his own business.

We will be getting the 486 computer back to use for another recipient.

Computer #2:

Computer #2 has been loaned to the Director of a newly established rehabilitation center for China. He and his wife (who are associate board members of EBTIDE), hope to learn use of the Internet in order to exchange information regarding availability of rehabilitation equipment through the Wheelchair Recycling Program. Their goal was to develop computer literacy for themselves. We, also, want to exchange information on rehabilitation and independent living systems after they return to China in April.

This computer checked out and had a modem already installed. The recipient made arrangements for software and Internet hookup with a relative. The relative is completely computer literate and agreed to train the recipient in the use of the computer. The recipient took the computer home and upon hooking it up discovered that the monitor no longer worked. We are in the process of looking for another monitor.

Computer #3: We selected a recipient with MS who wanted access to the Internet and Department of Vocational Rehabilitation, through the Internet. The recipient agreed to purchase a modem, software and Internet access if he received a computer. The recipient had friends in the neighborhood who could help him develop initial computer literacy skills. Upon checking the computer out, we discovered it was an SX 25 and believe it will provide limited Internet access. We are installing Windows 95, a word processor and a spread sheet on this computer. A modem will be installed and Intranet access. This recipient can travel to EBTIDE and spend time learning initial computer use.

What We Learned:

- We need a much better system of evaluating hardware
- We need to accept 486DX or better computers
- We need funding for accommodating technology
- We need a funding source for software
- We need to devise other sources of training
- We need to follow established training processes
- We need a source of computer components
- We need funding for computer components
- We need to find tech support sources on the Internet
- We need to develop better tech support sources
- We need better assessment tools for hardware, software and accommodation
- We need assessment tools to determine skill levels of recipients
- We need to develop many partners in this program
- We need to develop a formal pilot project and delivery system

COMPUTER LITERACY PROGRAM PILOT

COMPUTER RECYCLING PROGRAM Computer Literacy Program

The mission of the Computer Recycling Program is to overcome economic and mobility barriers by providing computers, initial training and support to assist people with these barriers, to achieve their independence, education, and employment goals.

I. HARDWARE

- Solicit 486 systems with software from private and public sector sources
- Issue receipts for tax deductible donations for gifts in kind where appropriate
- Request donor delivery of initial systems
- Collect 100 operational 486 systems with printers
- Secure signed transfers of software licensing agreements
- Match computer systems with client needs
- Make remaining computers available to Badger State Industries

II. TRAINING

- Assess clients and determine their needs
- Determine and procure necessary assistive technology requirements
- Match system and software to client needs
- Check hardware and software prior to delivery
- Select type of training
 - A. Technical College classes
 - B. Students at Technical College for credit (potential on site training)
 - C. Private sector computer training classes or on site client training
 - D. Volunteers
- Determine the following outcome objectives:
 - E. Does client have Internet access available?
 - F. Does client need to generate employment skills through continuing education?
 - G. When client goal is employment, can we match with appropriate employers?
 - H. How can we achieve our mission with this client?
- How can client best access ongoing technical support?

III. EMPLOYMENT - Assessment

- Is client ready for employer job training matches?
- What continuing adult education employment skills does client need?
- Should client seek vocational rehabilitation services?
- Match client with educational, vocational rehabilitation, or employment services

IV. CONNECTIVITY - Follow-up Support Service

- Project helps client engage in continued computer literacy training through Internet
- Client is connected with additional ongoing technical support
- Client is enrolled in ongoing continued adult education

- Client is enrolled in vocational rehabilitation services program
- Client is enrolled in specific job training program with employer
- Client is employed

V. ADMINISTRATIVE

- Project has in kind office space available for six months
- Project has 501 C3 available
- Project has limited warehousing available
- Staffing requirements
 - A. One full-time administrator
 - B. One full-time technical support person
 - C. Two part-time clerical staff
- Allocate funds for grant writing
- Develop business plan
- Run pilot project for 100 clients
- Do study to determine effectiveness for 100 clients
- Solicit and secure private and public sector funding to achieve ongoing status
- Develop strategy for involving volunteers
- Develop strategy for expanding project to other populations
- Develop working relationship with ongoing computer recycling efforts
- Ascertain partnering effectiveness and resources with the following partners:
 - A. PRIVATE SECTOR - Not for Profits - Business - Individual
 - a. training
 - b. funding
 - c. in kind gifts
 - B. TECHNICAL COLLEGES
 - C. DWD - DVR, DES, DWE
 - D. DHFS - OSF, DOH, BALTCR
 - E. DNR
 - F. DPI
 - G. CORRECTIONS
 - H. COMMERCE
 - I. WIS-TECH
 - J. CWE - SRPAC - WCILC
 - K. COMMUNITY CENTERS AND ASSISTIVE LIVING ORGANIZATIONS
 - L. NATIONAL TECHNOLOGY SKILLS AND LITERACY PROGRAMS
 - M. LIBRARIES
 - N. LOCAL SCHOOL DISTRICTS
 - O. OTHER COMPUTER RECYCLING GROUPS
 - P. VOLUNTEERS AND COMPUTER GROUPS

Initial pilot project population will be W-2 TRANSITIONS PARENTS providing care at home for their children with disabilities and PERSONS WITH DISABILITIES.



**THE LEAGUE
OF WOMEN VOTERS OF WISCONSIN, INC.**

122 State Street, Madison, Wisconsin 53703-2500 608-256-0827 FAX 608-256-2853

**Statement to the Joint Committee on Finance
Regarding Increased Funding for Early Prevention**

April 15, 1999

The League of women Voters of Wisconsin recommends the Joint Committee on Finance increase funding in the 1999-2000 state budget for two initiatives supporting families at the most critical time in their lives: when their children are newborns.

The **first** is to expand funding for the PREVENTION OF CHILD ABUSE AND NEGLECT (POCAN) to \$2.1 million in general purpose revenue per year. Under the beginning phase of the program, grants were awarded to nine counties and one Indian tribe to support those at risk of abuse or neglect.

Unfortunately, an additional 22 counties were denied grants because of lack of funds. The additional \$2.1 million per year will extend the program to an additional 20 counties and three Indian tribes.

The **second** is to include new money equal to 1% of the Department of Corrections biennial budget to expand the availability of family support and home visitation services. The new money will build on the services already in place and establish new programs where necessary.

The 1% FOR PREVENTION initiative is in response to the TRUTH IN SENTENCING legislation which directs the Department of Health and Family Services to submit a budget request for funding of child abuse prevention efforts in an amount equal to or greater than 1% of the Department of Corrections biennial budget request.

Wisconsin is the **first state in the nation to link crime and child abuse**. The next step is to follow through on this historic commitment by including the 1% for prevention in new money in the 1999-2000 state budget.

The League's commitment to prevention is based on solid research.

1. Family-focused prevention services have been effective in reducing the violent cycle of abuse and neglect. For every dollar spent on outcome driven child abuse prevention strategy at least twice as much is saved on child welfare, special education, mental health and juvenile justice services.
2. Abused or neglected children are 59% more likely than other children to be arrested as a juvenile, 27% more likely to go to jail as an adult and 29% more likely to commit a violent crime.

The League depends on public support for its work.
Your contributions, unless given to the Education Fund, are not tax deductible for charitable purposes.

3. Regrettably, in Wisconsin over 46,000 cases of child abuse are reported each year. In Milwaukee County alone, child abuse and neglect rose from 5,193 cases in 1986 to 9,086 cases in 1995.
4. Home visit programs are effective in curbing youth aggression; the programs use paraprofessionals or volunteers who regularly visit the homes of new parents and provide support and information that helps new parents and their babies establish healthy childbearing patterns from the start, are effective in curbing youth aggression.

The League of Women Voters has a long history in support of legislation which provides families with the funds and community assistance needed to raise children who will become responsible adults. We urge your support of these funding proposals not only because preventative programs save the state money long-term, but because young lives are saved from the cycle of violence which results from abuse and neglect encountered during their first years. Wisconsin as a state must take responsibility for providing a safe environment for its youngest citizens.

State of Wisconsin
Joint Committee on Finance

Support of the
7% Wage Increase Pass Through

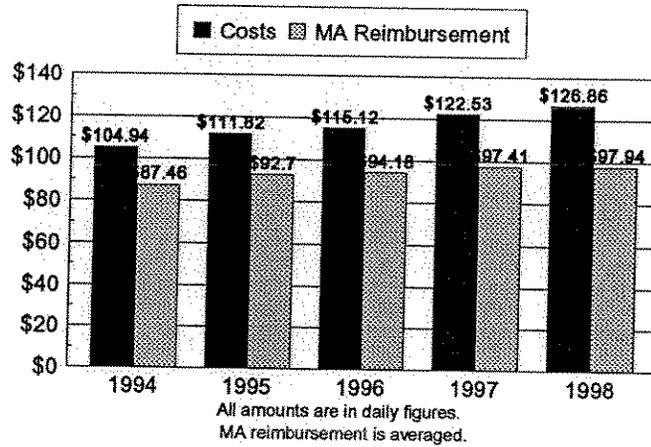
April 15, 1999

Prepared by:

Bill Bender
Administrator
St. Marys Care Center

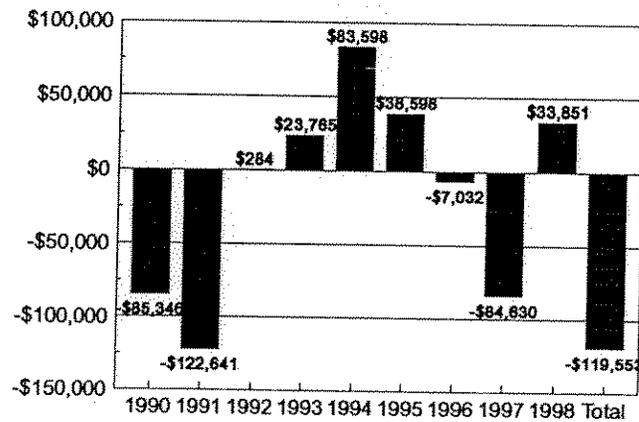
At St. Marys Care Center, Medical Assistance recipients comprise over 50% of our total patient days, yet provides only 41% of our total revenues. For the most part, Private Pay residents subsidize our Medical Assistance residents. Please refer to the below graph to see the disparity between our Medical Assistance rates and our costs. The graph figures are per day amounts.

Cost vs Medical Assistance Reimbursement



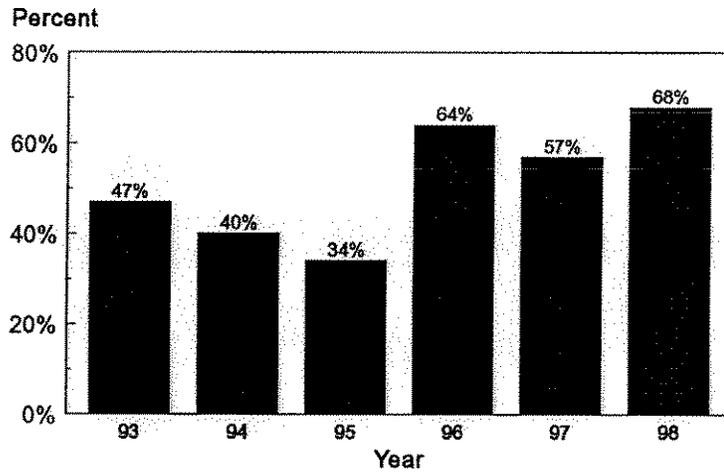
Staffing is our number one problem and is directly associated with our reimbursement from Medical Assistance. The below graph shows our Net Operating Income. After nonoperating income is added in, our finances improve. However, we must stay within budget in order to survive as a business. Because of our reliance upon Medical Assistance, our finances prevent us from instituting higher increases. We simply cannot keep passing on the cost increases to our small base of private pay residents.

Return on Operations



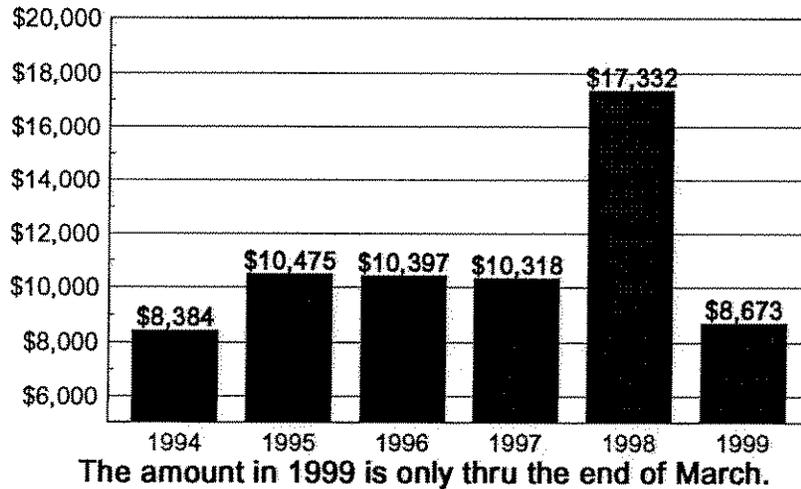
Yet our staffing situation gets worse. The next graph shows our turnover rate. The years 1993 to 1995 we averaged a 45% turnover rate. The years 1996 through 1998 this average jumped to 63% turnover.

St. Marys Care Center Staff Turnover



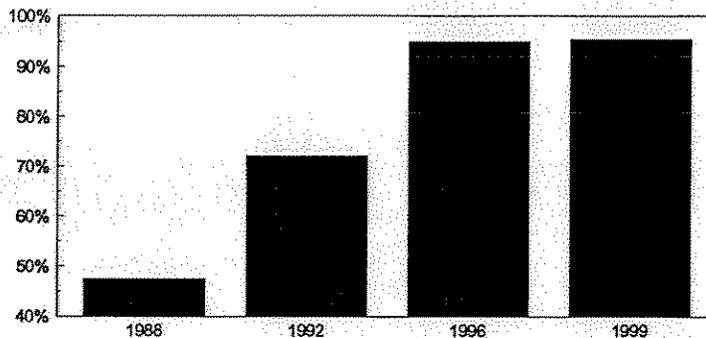
We advertise continually in the help wanted section of area newspapers. Below is what is spent on an annual basis for these help wanted ads. If 1999 were annualized, the cost would be over \$69,000!

Advertising Costs



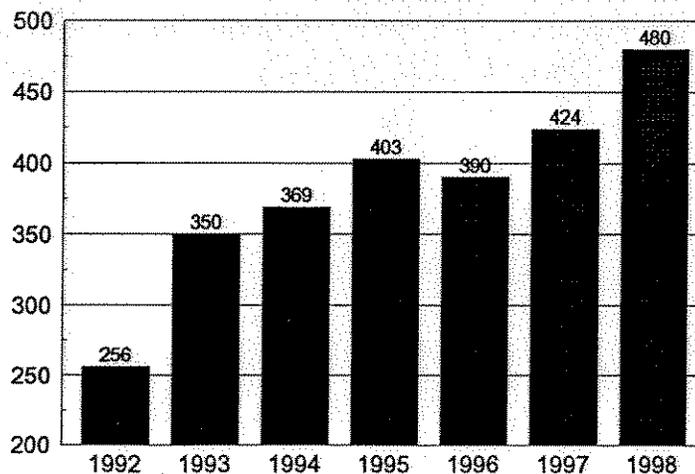
Meanwhile our work load increases. The below graph shows the percentage of higher acuity residents who receive services at St. Marys Care Center.

Percentage of Residents Requiring Skilled and Intense Skilled Nursing Care



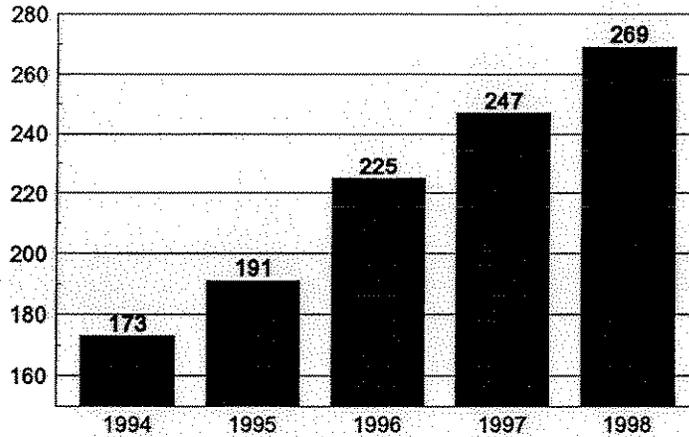
Our market niche has also changed, further adding to the workload of staff. The below graph shows the number of admissions we process from year to year. In 1990 an admission took an average of an hour and a half to process. With mandated paperwork required by State and Federal regulations, an admission now requires approximately six hours of staff time. Even if this person is here for only a week or less!

Admissions



This trend is further shown by the next graph, which shows our discharges back to an individuals home or apartment. While we are very proud of sending such large numbers of people back to the community, this again adds to our already heavy workload requirements.

Residents returning home



We need the 7% wage pass through in order to attract and retain the types and numbers of staff the public has a right to expect. Please support the wage pass through for nursing homes. While \$17 million is a great deal of money from our State budget, it would be money well spent. Below are the pay rates currently paid the main job classifications of our 230 staff members. This is after we implemented a \$.50 per hour across the board increase.

ST. MARYS CARE CENTER

STARTING WAGES:

RN	\$15.75
LPN	\$12.25
CNA	\$ 8.00
HOUSEKEEPING AIDE	\$ 7.25
LAUNDRY AIDE	\$ 7.25
DIETARY AIDE	\$ 7.25

AVERAGE HOURLY WAGE:

RN	\$16.89
LPN	\$14.47
CNA	\$ 8.50
HOUSEKEEPING AIDE	\$ 8.02
LAUNDRY AIDE	\$ 8.68
DIETARY AIDE	\$ 7.86

Thank you for your time in reading this document.

To whom it Concerns:

4-15-99

I am a Certified Nursing Assistant at St. Mary's Care Center here in Madison.

I have been a CNA for almost seven years and ^{one of the} ~~the only~~ things that is and has been difficult is to be able to make ends meet. Between Rent in a decent area, car payments, child care, etc. ~~the~~ money I receive just makes ends meet.

I have been told since I've gone through my certification, is that "we" as CNA's are the back bone of a facility. We have the hands on to these residents + know them the best. But the thing is, that we are expected to talk to, walk, help in feeding, range of motion and personal cares. Each ~~res~~ resident expects to have thing done certin ways, some take longer than others + also, things do come up. ~~To~~ To follow through with the expectations of the resident + the facility, the ratio of residents to nursing assistant needs to drop. One of the only ways to do this is the facility needs more help. I have seen different "sales pitches" to draw CNA's to ~~the~~ a facility but the one thing I haven't seen, is ^{constant} ~~constant~~ support

from those who make the "rules" that we need to follow. ~~What I am getting out~~
~~is~~ It breaks my heart to hear that there are facilities in this state are having to refuse admits ~~to do~~ to the fact that there just isn't enough help. I have a grandparent in a nursing home and I know that the care they are receiving is the best of their ability but I know for a fact it would be a lot better if there was more help. But there needs to be a draw for people to work ~~here~~ hard + to come into the facilities. It saddens me to look around at the job postings throughout this town alone fast food + grocery stores are actually our competitors not just other nursing homes or hospitals. They are offering about the same wages + benefits and the job is less stressful, less dangerous, + they don't have to work as hard. Every day I go into work I have the potential of contracting some disease, life threatening or not or just simply hurting my back just enough so I am not able to lift ^{up} my daughter or a bag of groceries. I have only two hands + there only ~~are~~ so many hours in a day to make money and until any nursing home can ~~find~~ get the staffing that is willing to take all these chances

the only people that are suffering are the residents. Don't we owe it to them not to suffer anymore, they have been through enough. They deserve the help, time + ~~compassion~~^{Compassion} that they can only get, if the ratio is dropped.

We as nursing assistants, ~~we~~ need the financial help in order to survive + to hopefully recruit more CNA's. The ratio situation is bad now, in nursing homes, what happens in 20 years from now when the baby-boomers are in their 70-80's. We are having trouble now, fix the problem now don't just ignore it.

We are asking for your help now + a re-evaluation of this situation every year to every couple of years in the years to come. I have spoken to people in administration about ^{our} wages + the problems the facilities are having and the answers I have heard + see is they wish they could give more financially but they can't.

I don't know if you have a family member in a nursing home now or maybe you will in the future, but do you want them not to receive the help you + they would want or do deserve to receive?

Joy Brunke

Joy Brunke CNA 4-15-99

Eric Brunke

Eric Brunke CNA 4-15-99

Submitted by Valerie Faldstad
Lifespan Respite Care Committee member

Lifespan Respite Care Bill

4/15/99

opposed to cut in community funds because services such as respite would be greatly reduced
Lifespan Bill asks for \$525,000 total

state wide forums held during April 1998
for input on respite issues

given that the need for respite is already identified, the Respite Care Bill will address several concerns about the lack of services: family testimonies are included

relating to - areas with funds but no respite services

The Bill will establish a statewide vehicle to coordinate consistent, quality respite care - assisting in recruitment & retaining providers

relating to - areas with respite services & no funds

The Bill will establish funds for start-up & technical assistance

relating to - waiting lists - from 1 to 4 yrs.

The Bill will increase ^{to} family / primary caregivers respite options & availability

respite saves money by preserving family unity -
out of home placement annual cost \$60-80,000
1 wk end a month of respite annual cost \$2-3,450

THE UNIVERSITY OF ALABAMA



THE UNIVERSITY OF ALABAMA

LIFESPAN RESPITE CARE

ISSUE STATEMENT:

Respite Care is care which is provided to a person with special needs in order to give temporary relief to the family or primary caregiver of that person or care provided when the primary caregiver is unable to provide care on a temporary basis. A special need means the physical, behavioral, cognitive, emotional or personal need of a person with a condition which requires care, supervision or both in order to meet the basic needs of the person. Respite is a primary support service consistently requested by parents and other primary caregivers of individuals with special needs. Demand for respite in Wisconsin far exceeds available funding, programs, and qualified providers. Service access and funding are inconsistent throughout the state. In many counties respite programs have waiting lists or are non-existent, or. Some families have access to funding but cannot find skilled providers, while others have providers but no funding. In addition, Wisconsin lacks an efficient means to coordinate respite care statewide, resulting in fragmentation of resources, duplication of efforts, and inconsistencies. There is no set of statewide standards and guidelines, or means to promote quality assurance .

Background :

Parents and primary caregivers who are responsibly trying to raise their children with a special need or care for a family member at home search for the appropriate services and supports to help meet their respite care needs. Sometimes this search forces parents or primary caregivers who have exhausted all their own financial , emotional and physical resources to place that individual with a special need in an foster home, nursing home, or institution. This practice is the consequence of inadequate funding of respite care services. Lack of incentives and statewide coordination to develop flexible community based respite to help keep individuals of all ages with special needs at home, in their schools, jobs, and communities also contributes to the problem

SPONSORING ORGANIZATIONS

ARCH - Association for the Rights of Citizens with Handicaps, Inc, Waukesha
Catalyst Home Health, Madison
Child Care Connection R&R Agency, Wausau
Children's Trust Fund, Madison
Have a Heart Farm , River Falls
Independence First, Milwaukee
Interfaith Partners in Caring, Sinsinawa
Juneau County Committee on Aging , Mauston
La Causa, Inc, Milwaukee
La Crosse Aging Unit, Lacrosse
Lifespan Respite Care Committee, Wausau
Marathon County Commission on Aging Omatayo, Milwaukee
Piccadilly Place Respite / Child Care, Beloit
Parents Education Project (PEP) - West Allis
Rehabilitation for Wisconsin, Inc, Madison
St. Agnes Hospital, Respite Care, Fond Du Lac
South Central Respite, Inc, Pardeeville
St. Ann's Adult Day Care, Milwaukee
St. Ann Center for Intergenerational Care, Milwaukee
Special Needs Adoption Network, Milwaukee
The Arc of Wisconsin, Madison
The Respite Care Association of WI, Inc, Green Bay
United Cerebral Palsy NCW., Wausau
United Cerebral Palsy SEW., Milwaukee
United Cerebral Palsy of SCW., Janesville
United Cerebral Palsy of Wisconsin, Madison
Wisconsin Family Ties, Madison
Wisconsin Coalition for Advocacy, Madison

These practices:

- Increase the risk of out of home placement by 50%
- Lead to a 4 times higher risk of abuse and neglect
- * Lead to an 80% divorce rate
- * Put the health of the primary caregiver and siblings at high risk . 65% of primary caregivers will develop chronic or life threatening illness i.e. depression, lupus, cancer, muscular dystrophy, multiple sclerosis. 45% of siblings develop serious emotional disorders
- * Force parents or primary caregivers to make an otherwise unthinkable choice between retaining responsibility for and the relationship with the individual and giving decision making authority and control to a state agency by severing legal ties to the individual with special needs in order to obtain the help they so desperately need - In many counties CHIP(children in protective custody) petition has to be filed before families are eligible for respite
- * Waste public funds by placing an individual with special needs in an out of home placement when their basic needs could be provided by their families who love them
- * Force individuals into out of home placements rather than supporting families and promoting the development of community based respite service

Position:

The Lifespan Respite Care committee, and numerous organizations statewide are seeking to increase the availability of respite to Wisconsin citizens as part of a comprehensive service system to all individuals with special needs . Adequate respite care is critical in our efforts to ensure a full continuum of support services for families and primary caregivers. The Lifespan Respite Care committee, along with numerous organizations statewide, and direct service organizations supports a policy of consumer-driven respite care services in which all Wisconsin families and primary caregivers have access to flexible, affordable, and quality respite - regardless of disability, income, or age. Consumers have a right to adequate resources for respite care; a right to choose whether to have respite in their home or elsewhere; and to choose who provides it. Respite should be provided in a variety of settings with a variety of support models, and be flexibly designed to fit the unique circumstances of each person. Consumers should have the option of time-limited respite as an alternative to a more restrictive and long term living arrangement, including out of home placements.

Action Required:

- 1) The Lifespan Respite Care committee supports the following legislative initiatives:
to provide GPR funding of \$525,000 for the 1999-2000 biennium to increase availability of respite services and to develop a consumer-driven, well-coordinated, and ready-to-respond respite care delivery system in Wisconsin.
- 2) Contact your Senator and Assembly Representative to indicate your support for Lifespan Respite
- 3) Urge your Senator and Assembly Representative to co sponsor / support The Lifespan Respite Care Bill

Fact Sheet #1

Families or primary caregivers caring for someone with significant needs in their home, live with high levels of physical, emotional, and financial stress.

*Studies conducted at both the National, and state level show that without support services such as respite families, primary caregivers and individuals with disabilities are placed at risk. These risks include

- The divorce rate among this population is 80%.
- There is a 50% increased risk of out-of-home placements.
- In those families that lack support services such as respite, 45% of siblings of the special needs person develop emotional problems.
- 65% of primary caregivers develop chronic and life threatening illnesses (i.e., lupus, depression, TMJ, chronic fatigue syndrome, cancer, muscular dystrophy, multiple sclerosis, heart attacks).

Caregivers report the following negative impacts of caregiving:

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| Exhaustion | Irritability |
| Tension | Little time with spouse or other family members |

The emotional impact of being a caregiver:

- Feeling of intense sadness
- Upheaval of family dynamics
- Isolation
- depression
- Frustration
- *Isolation
- *Hopelessness
- Lack of leisure time or personal time
- Loss of hopes , dreams

* National studies and research done at the University of Vermont, reveal that hopelessness and isolation pose a higher health hazard than cigarette smoking. Further research documents The high demands of constant caregiving increase the risk of Cancer, Multiple sclerosis, and Muscular dystrophy.

Respite Care, on a regular basis, can help to:

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| • Reduce stress in families | Reduce out-of-home placements |
| • Reduce risk of abuse and neglect | Increase family social activities and interactions |
| • Enhance family coping ability | Prevent burnout |
| • Increase caregivers' physical and mental well-being | Promote healthy families |

The Murphy's.... Ben and Donna sat quietly in their living room. They were physically and mentally exhausted from the constant demands of caring for their disabled daughter, Annie. Respite had been available to them on a very limited basis. The Murphys were overwhelmed and stated "we have been neglecting our other child, our responsibilities, and each other. We keep getting further and further behind". There was no funding available to the Murphys. CIP, Cop, and family support all have waiting lists and none of them offer respite programs or providers. With no other option available to them Annie was placed in foster care for 2 1/2 years (the amount of time they were on a waiting list). Annie came home with CIP funding , but again only minimal respite was provided. The family went into crisis again and the Murphy's decided to look into institutionalization, only to find out that there was a waiting list as well. Their marriage suffered under the strain and they separated, leaving Donna a single mom with two children. Donna's health continued to suffer and her medical bills grew. Annie's disability progressed and she became eligible for an increase in respite hours. The Murphy's reconciled and are now receiving adequate and appropriate support for their family. Today they state "that respite is the only thing that will keep Annie at home and our family together".

The Anderson's Sheila is a woman in her late twenties, she is married with 5 children. Sheila and her husband, Ed, share their home with and care for her 58 year old mother, Mary, who has had a stroke and needs help with ADL's .To complicate matters Sheila's husband Ed has an inoperable brain tumor. Mary gets frustrated with all the kids and uses her cane to nudge the kids and yells at her daughter to keep them quiet. Sheila and her family need respite and so does her mother. The family does not have money for respite, Mary is under 60 which puts her on a waiting list that could take one to two years for COP funding. She may end up being placed in a nursing home if both do not get respite. If money was available, Mother could attend the Adult Day Services Center paying from a sliding fee scale and both Mother, daughter and daughter's family would have the respite they need. Cost savings of attending the ADS Center vs. a nursing home is about \$75 a day. Improvement of family relations can not be measured.

The Yang's... Kevin and Tina are excited about the arrival of their 5th child, but unsure about who will provide care for the other four children while Tina is in the hospital and Kevin is at work. They are particularly concerned about their youngest son who is only 7 months old and medically fragile. Although their English is poor, the Yang's have an interpreter to help them as they search for support for their family. The Yang's would like to fly Kevin's mother here to provide care for all the children while Tina was in the hospital having the baby and stay to help out for a while after she and the baby return home. They contacted a local Service organization who agreed to train grandma to take care of the disabled infant., but they still needed the funding to pay for the flight. The yang's were on waiting lists for CIP and other support programs. The county would not help to pay the \$250.00 needed for grandma to fly here. Tina went into the hospital to have her baby , who was born with severe anomalies and will require an extended hospitalization, and the county placed her children in foster care. The county is paying for foster care for five children, one of which is severely disabled and medically fragile.

The Millers.... Ann and Gerry were hesitant to ask for respite care, but they finally called there social worker, got approved for services and were given a stipend of \$ 500.00 per year . To date they have never used the money because their attempts to find a respite provider have been totally unsuccessful. Ann tells the following story "The first people we called initially arranged to meet with us, but then called us back and said "we're to busy, my husband doesn't want us to do this, sorry but no". The second number I called did not answer, so I left a message, I was never called back". I was so frustrated the last time, I realized that I honestly could not face picking up the phone again, only to get a negative response or worse still no response. I nearly called the social worker in frustrated anger and told her to keep the \$ 500.00, its to cruel to have it sitting in our "credit bank" with no way to spend it. Give it to someone who is more resourceful than I, maybe they can use it. I realized when I felt more rational that I would be biting of my nose to spite my face. And so we remain in limbo, money available, no way to spend it, overtired, overtaxed, and depressed at times. Do we need respite yes! Can we figure out how to get it .. no.

4/13/99

To whom it may concern,

I'm a CNA and work at St. Mary's Care Center. I have worked there on and off for the last 7 years now.. I do love my job and the people that I work with everyday. I feel the place would be even better, But it seems that we can't keep the CNA staff up. It seems that we are always short people. They are moving on to jobs that pay more. We are over worked most of the time. That's not the fair to us, or the residence of St. Mary's.

Most of the people have quit, have done so because of the wage. We are over worked and under paid for our services. After all, We are taking care of real people here. Not animals in a zoo. Some day all of us will have to live in a place like this, and would want a good staff to take care of us. We treat the residence at St. Mary's with dignity and respect, and should also be treated the same from the people who pay us. We need a raise for the work that we do. Then maybe we can keep a CNA staff that we need to give the residence the true care that they need. After all,

the way we feel at work, when we are under
staffed. Can't be be good for the residence. Please
consider these factors. Thank you for your time.

Deborah A. Trummer
Deborah A. Trummer
CNA

Joint Finance Committee
April 15, 1999

Co-Chairs, Senator Burke, Representative John Gard and distinguished members of the Wisconsin Senate and Assembly, my name is Gary Jackson and this is my wife Beverly. We address you today as parent/advocates for individuals with brain injury and their families. Six years, seven months and fifteen days ago, our daughter and another teacher suffered severe brain injuries in a motor vehicle crash of a mini-van and a pick-up truck. The truck, driven by a habitual drunk driver, ran a stop sign at 60 miles per hour crashed into the front passenger area where our daughter was riding and functionally killed both young women. Our daughter now functions as a pre-schooler.

We would like to briefly discuss two budget issues. The first is a \$50,000 item that the Governor graciously placed in the Department of Health and Family Service's (DHFS) budget to be used as part of a local match for a federal traumatic brain injury grant applied for by the Department. This grant will capture \$2 in federal funds for each \$1 of local match and will provide for a public-private partnership with the Brain Injury Association of Wisconsin. We ask that you vote to maintain these funds in the DHFS budget.

Our second issue concerns services for individuals with brain injury in Wisconsin. Each year in Wisconsin it is estimated that over 5,000 people suffer a brain injury and over 500 of these individuals will have permanent disabilities and need life-long services as our daughter. Many more will need some services for some period of time. Since January 1, 1995, DHFS and its Bureau of Developmental Disabilities Services have operated a successful and cost-effective Home and Community-Based Medicaid Waiver for Brain Injury. Our daughter is one of the Brain Injury Waiver success stories. Because of these funds she has been able to transition back into the community, get a part time job, carry on several volunteer activities and be an active member of society. Without these funds, she would have to live in a nursing home or other institution. This budget contains NO dollars for new Brain Injury Waiver funding. This means that other individuals with brain injury will not have this potential opportunity for success. We ask you to add an amount of funding to this budget with instructions to serve as many individuals

with brain injury as possible. Do not attach a single per diem maximum rate to these funds. Allow the Department on an individual case basis to set a rate range for the services that are truly needed.

Had it not been for the grace of God and the advances in emergency and trauma medical care, our daughter would never have survived. Society through medical science has made the decision that individuals who suffer brain injury are worth saving. For our daughter, I would not have wanted it any other way, but if we, all of us, as a society are going to save these individuals we face an obligation to ensure them the best quality of life possible. That means spending tax dollars. This does not mean trying to spend as little as possible or nothing at all. Human Services means money has to be spent. The only will issue is to spend it in an efficient and cost-effective manner.

This is real tough to say, but if you and all of society are not prepared to take the responsibility to serve individuals with brain injury then DON'T SAVE THEM.

We thank you for this opportunity to express our feelings to you.

Sincerely,

Gary and Beverly Jackson

And Kersten