

SERVICE DEVELOPMENT



DIVISION OF VOCATIONAL REHABILITATION

2917 International Lane

P.O. Box 7854

Madison WI 53707

(608) 243-5600

TTY# (608) 243-6601

## FAX COVER MESSAGE

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Date: 4/8

Time: 1045

TO: → Tom Langham			
Name	Kathy Brockman	FAX Number	414-258-8744
Location	Badger	Room Number	
		Phone Number	414-258-9200
<b>FROM (Sender):</b>			
Name	Jane Charlton	Number of Pages including This Cover Sheet	FAX Number
Location	Division of Vocational Rehabilitation - Central Office 2917 International Ln, 3rd Flr, Madison, WI 53704	3	(608) 243-5680
			Phone Number 243-5623

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**MESSAGE:**

Hi Kathy -  
Here is the fact sheet & the dates & places for the joint Finance Committee Hearings.

Jane



3/9/99

REGIONAL HEARINGS OF THE  
LEGISLATURE'S JOINT FINANCE COMMITTEE

- March 26, 1999      Brown County Public Library  
Auditorium  
515 Pine Street  
Green Bay  
10:30 am – 5:00 pm
- April 8, 1999      JI Case High School  
Auditorium  
Racine  
10:30 am – 5:00 pm
- April 13, 1999     UW Stevens Point  
University Center, Alumni Room  
Stevens Point  
10:30 am – 5:00 pm
- April 14, 1999     Osceola High School  
Gymnasium  
Osceola  
10:30 am – 5:00 pm
- ★ April 15, 1999    State Capitol  
Room 411 South  
Madison  
10:30 am – 5:00 pm

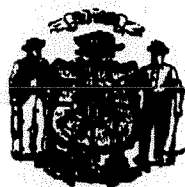
*Register to Testify After  
9:30 AM*

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*Register to Testify After  
9:30 AM*



**COUNCIL ON BLINDNESS**  
 2917 International Lane  
 P.O. Box 7852  
 Madison, WI 53707-7852  
 Telephone: (608) 243-5656  
 TTY: (608)  
 243-5601  
 FAX: (608)  
 243-5680

## **ADEQUATE FUNDING FOR SERVICES FOR THE OLDER BLIND--April 1999**

Older people who are blind or visually impaired should have the opportunity to maintain their independence in their homes and remain active in their communities. Inadequate state funding for the elderly blind or visually impaired causes many of these people to depend on their families and the State for costly long-term living arrangements.

### **Current Services and Funding**

Rehabilitation Teachers employed by the State of Wisconsin, Department of Health and Family Services, Office for the Blind, teach older blind people how to maintain their independence. This includes techniques for communicating, mobility, and work in the home, such as food preparation, budgeting, and record keeping.

Fifteen Rehabilitation Teachers for the blind and visually impaired serve approximately 1,000 people statewide with an annual budget of about \$69,000 for travel and adaptive equipment. This equals \$69.00 per client as opposed to the approximately \$100 per day, or \$3,000 per month that can be spent on assisted living facilities.

As of July 1, 1998, the Rehabilitation Teaching program lost approximately \$80,000 of funding from the Division of Vocational Rehabilitation. With this change, client services have decreased.

### **Population**

In 1990, approximately 90,000 Wisconsin residents were estimated to be blind or severely visually impaired. Of this number, nearly 75,000 were over the age of 55. Estimates from the Wisconsin Demographic Services Center show the population of our state will increase from about 4.9 million in 1990 to about 5.7 million in 2020. In addition, baby boomers will be entering the ranks of the elderly. Thus, it is certain that the number of people eligible to receive vision rehabilitation services will dramatically increase.

The American Foundation for the Blind 1995 data show that almost 1.1 million Wisconsin residents were over the age of 55, with the following breakdown:

Age	Visually Impaired	Severely Visually Impaired
Over 55	10 percent	2 percent
Over 65	13 percent	2 percent
Over 75	19 percent	4 percent
Over 85	29 percent	7 percent

### **Legislative Action Requested**

The Wisconsin State Legislature should build into the base of the budget for the Office for the Blind \$100,000 to restore lost revenue and adequately fund transportation and adaptive equipment to serve the older blind and visually impaired population in the state.

*Charlja/winword/cob/AARP*

## ADEQUATE FUNDING FOR SERVICES FOR THE OLDER BLIND

### PPORPOSAL SUMMARY

State services for older blind adults are inappropriately funded by the state of Wisconsin. As a result many people who are older and blind or visually impaired will not maintain their independence but become dependent upon their families for basic needs and the state for funding of costly long-term living arrangements. More funding should be allocated to services that increase independence and the likelihood of the client remaining in their own home rather than costly nursing homes or assisted living placements.

The fifteen FTE rehabilitation teachers are funded 50% GPR and 50% Federal Vocational Rehabilitation dollars. The VR dollars are in jeopardy for long term funding. ***The total transpiration money for the rehabilitation teachers this SFY was NOTE:?? AND THE TOTAL MONEY FOR EQUIPMENT FOR THEIR CLIENTS WAS note:??.*** These rehab teachers serve approximately 1000 people each year with these limited funds. 1000 people that sustained independence and saved the state costly long-term funding obligations. The state has not appreciably added to this service program in over fifteen years and the population continues to grow.

Beginning on July 1, 1998 the rehabilitation teaching program lost approximately \$80,000 of funding from the Division of Vocational Rehabilitation, DVR. (This program used to be in DVR but was relocated to the Division of Supportive Living in July 1996). With this change, funding losses are accumulating.

### LEGISLATIVE ACTION

The Wisconsin State Legislature needs to restore this lost revenue and adequately fund the transportation and client-equipment budgets. An additional \$100,000 needs to be allocated to this programs in each year of the next biennium to adequately fund services to older blind or visually impaired adults.

## RATIONALE

Governor Tommy Thompson stated in his 1999 State of the State Address the need to make the lives of senior citizens more secure through long-term care in their own homes. Older people who are blind should have the opportunity to maintain their independence and remain in their own homes - if not for the dignity of a human being, for the economic benefit to the state. These people have been managing their personal affairs, taking care of their homes, cooking and involved in the leisure of their choice for many years. When their vision becomes dramatically reduced, tragically most of them will stop doing things for themselves. Often times they or their families seek a nursing home or other assisted living placement. This does not have to happen. Older persons who are blind or severely visually impaired can live independently.

The Office of the Blind (in the Division of Supportive Living) has fifteen rehabilitation teachers located across the state. It is their job to teach older blind people how to maintain their independence. They teach communications, cooking, cleaning, budgeting and anything else the customer needs to learn to remain in his/her home. In addition to teaching people how to maintain their independence without sight they will provide special equipment that will be helpful (e.g., talking clocks, magnifiers, kitchen utensils). The teaching occurs in the client's home; thus it is an itinerate program.

**STATISTICAL EVIDENCE:** In 1990, approximately 90,000 Wisconsin residents were estimated to be blind or severely visually impaired. Of this number, nearly 75,000 were over the age of 55. Given that estimates from the Wisconsin Demographic Services Center show the population of our state will increase from about 4.9 million in 1990 to about 5.7 million in 2020 and that baby boomers will be entering the ranks of the elderly, it is certain that the number of people eligible to receive vision rehabilitation services will dramatically increase. According to 1995 statistics from the American Foundation for the Blind, almost 1.1 million Wisconsin residents were over the age of 55. Of these, 10 percent were visually impaired and 2 percent were severely impaired (includes blindness). Of those people 65 years of age and older, 13 percent were visually impaired and 2 percent were severely visually impaired. In the 75 and over age group, 19 percent

were visually impaired and 4 percent were severely visually impaired. Of those folks 85 years of age and older, 29 percent were visually impaired and 7 percent were severely visually impaired.

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 \$35,00 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. 1)



March-19-1999

Condition of health, please send me a  
Response Letter.

Thank you

P.O. Box  
260062

C. Neisler

Madison, Wisc. 53726-0062

Thank you

C. Taylor

P.O. Box  
260062

Madison, Wisc. 53726-0062



**KATHLEEN FALK**  
DANE COUNTY EXECUTIVE

## Area Agency on Aging of Dane County

Susan Crowley – Director, Department of Human Services  
Rita Odegaard – Administrator, Area Agency on Aging

April 14, 1999

Good Afternoon: My name is Nell Mally and I am the Chair of the Area Agency on Aging of Dane County. One of our main tasks is to advocate for the 46,000 older adults who live here. I have also had 20 years' experience managing an agency which provides services for older adults, including adult daycare and senior center services along with case management, nutrition, transportation, and in home care. And I have taught Gerontology classes at MATC for a number of years. So, I speak with some real sincerity to you!

In the early 80's we courted small and large local communities to supplement the county and state dollars that we received. And that was good. Generally we operated with a 2 to 3 percent increase each year, even though we were seeing a hefty increase in the number of people that we served.

Today the picture is very different. We are working, not only with a greater number of older adults, but also with their family members who are challenged by the complexities of helping to care for a mom who seems to be growing confused, can't keep up with her medications, doesn't understand or retain what her physician says to her, isn't eating regularly and who wanders the halls of her apartment building looking for help from her frail neighbors. And not only are we trying to cope with increasing numbers of older adult needs, but we are being expected to do it with major cuts in state funding. It is highly possibly that you will see agencies around the state fold when they can no longer maintain wages and services with dwindling dollars.

You know, with the inception of Social Security in 1935 and with the growing awareness of massive injustices lying beneath the gloss of prosperity in the 50's and the 60's, the government undertook a program and a philosophy of support of older persons that included Medicare and Medicaid and continues into today. We need to supplement our programs in proportion to the growing needs of the elderly...not cut them by even a penny.

In response to this, we are asking you (actually giving you an opportunity!) to restore some of the cuts made in the Governor's budget. And I like Kathleen Falk's suggestion of using some of the tobacco settlement money to make up for some of the human service losses that we have taken.

1. Long Term Care Redesign must be funded and moved ahead for the good of the older people in Wisconsin. By the way, we do not care for the term "Family Care" because it is a name with such limitations. Long Term Care certainly includes family care, but it also includes other services and arrangements in the community such as nutrition, adult daycare, supportive home care, transportation, and so on.

2. We need money NOW for the Community Options Program. This plan is actually just a shadow of itself in that there are 10,000 people on the waiting lists. Many elderly die while they are waiting for some kind of service.
3. We need an additional \$3 million put into the nutrition program. Sometimes the single service that keeps an older person in their home is a hot noon meal, whether delivered or eaten at their neighborhood meal site. In addition to an anticipated increase in the number of meals needed, we need funds to provide nutritional supplements or a second daily meal for especially vulnerable, and oftentimes isolated, older adults. And we need nutrition intervention services to help stave off premature nursing home admittance.
4. If you are an older person living in the Village of Brooklyn, the last time I checked there is one RSVP driver available on a limited basis to take you to a Madison physician appointment, and if you need groceries you could go to the closest store (which is in Oregon) only on Thursdays at 12:45 p.m. Heaven forbid that it conflicts with the physician appointment! Transportation systems are woefully inadequate in rural areas. Certainly dollars are needed to bolster the present system where it exists and to establish a system where there is none. Perhaps additional money could be put into shared ride systems.

Yesterday I received a memo from Dane County Human Services saying that the Director has prepared a statement for Dane County legislators describing "\$2.6 million in service reductions that might be needed in CY2000 given the stated and federal funding reductions and inflation. Roughly \$1.5 million would be within Adult Community Services."

We are most hopeful that we can influence you to authorize additional state funding so that these reductions will not come to be.

Thank you.

## **Public Hearing**

### **Provisions in the Budget Bill [1999 Assembly Bill 133]**

#### **Relating to**

#### **The Health Insurance Risk Sharing Plan (HIRSP)**

**Reference:** s. 20.435 (4) (af)  
s. 20.435 (4) (ah)  
s. 20.435 (4) (gh)

Sections 417, 418, 2256-2278, and 9123 (2), pp. 427, 1052-1058, and 1406

**Place:** State Capitol, Room 411 South

**Date & Time:** April 15, 1999, 10:30 a.m.

**Testimony of:** Robert T. Wood  
Corporate Vice President, Government Relations  
Wisconsin Physicians Service Insurance Corporation (WPS)  
  
Member, HIRSP Board of Governors

My name is Robert Wood. I am Corporate Vice President of Government Relations for Wisconsin Physicians Service Insurance Corporation (WPS). I have served on the HIRSP Board of Governors for more than 11 years. I have been responsible at WPS for review of HIRSP operations, administration and legislation since the plan was first enacted nearly twenty years ago as part of the Laws of 1979.

I am speaking on the subject of proposed changes to the HIRSP statutes in the budget. I speak as a member of the HIRSP Board, but I am not speaking for the HIRSP Board.

I am submitting brief written testimony and I will try to be even briefer in speaking here.

In 1997, this Committee restructured HIRSP funding based on agreements reached with insurers, providers, and the Department of Health and Family Services.

The basic agreements were that \$6 million GPR in the first half of calendar year 1998 and \$12 million in GPR in the current fiscal year would be appropriated to partially fund the HIRSP program. After application of GPR funding, full premium payments would be set to fund 60 percent of program costs and insurers and providers would each fund 20 percent of the remaining unfunded costs. The Department would track and fund financial perform of the plan against budget, and there would be a reconciliation process to balance out any variances from statutory funding shares. You transferred the program from OCI to the Department of Health and Family Services, and asked

DHFS to take care of these tasks.

The new funding arrangements translated into an immediate 15 percent rate cut for the people in the plan. HIRSP rates dropped from 192 percent of a standard risk rate to 150 percent. For many individuals aged 60 or more who make up the largest age group in the plan this meant close to \$1,000 in savings on an annual basis.

In the current fiscal year, we were able to keep premiums at 150 percent of a standard risk rate. I'm confident they will remain at 150 percent in the next fiscal year. A rate increase will still be needed, but only to reflect the marketplace increase in the standard risk rate. This means the new funding arrangements are working well for the people in the program who themselves pay the largest share of program costs.

There have been a number of problems in the administration of the HIRSP program since it was transferred to DHFS, particularly with the Department's inability until very recently to provide data on financial operation of the plan against budget, or to provide information on plan enrollments and demographics. I don't want to dwell on these problems, because I believe that some of the most serious problems are close to being fixed.

I raise the subject only because, when you transferred the program to DHFS, you reduced the ability of the HIRSP Board of Governors to effectively oversee the operations of HIRSP and approve policy changes in the program. I believe that if you had kept the HIRSP Board the same strong Board it was for nearly 18 years when the plan was administered at OCI, some of the problems we have had with the plan over the past 15 months might not have happened, and those that couldn't have been avoided might have been paid attention to and fixed earlier.

This said, I have three recommendations for changes to the HIRSP statutes in the current budget bill.

1. My first recommendation is that you make the Board a stronger Board again.

HIRSP is a partnership between the private sector, and the government. In this partnership, the people enrolled in the plan and the insurers and providers who share in plan costs pay the greatest share of the costs of the HIRSP program. They deserve a stronger voice in how their funding of the program under the statutes is accounted for and reconciled.

I think I do not have to tell you that the Department wishes the Board to speak in a very small voice and only as an advisory body. I think if the Board is to be limited to a strictly advisory role, you might as well not have a Board at all.

The Board has historically played a strong role in representing the interests of the people who are enrolled in the plan. To the extent that you have a weak board, it is these people who lose the most in terms of *not* having a voice in the operations of the plan.

A. Feeling as I do, I would recommend that you delete those sections in the budget bill, as originally introduced, that would further weaken the Board.

B. Next, I would recommend that the Board needs a stronger voice in at least six areas.

(1) Development and approval of the HIRSP budget.

- (2) Oversight of financial management of the plan against budget.
- (3) Oversight of changes in HIRSP policy, including proposed changes in HIRSP benefits and other changes to statutes.
- (4) Reporting of data in HIRSP monthly reports, and other information of interest to the Board.
- (5) Assignment of work and scheduling of meetings of Board committees and sub-committees.
- (6) Development and release of reports specified in statutes as reports by the Board to the Legislature and to the Governor.

C. Finally, representation on the Board needs to be adjusted in two areas:

- (1) The Secretary of DHFS chairs the Board. Statutes should specify that no appointed member of the Board should be an employee of DHFS.
- (2) Statutes should specify that at least one of the consumer representatives on the Board must be a participant in HIRSP.

Planning documents relating to HIRSP are starting to talk about turning HIRSP into a "Medicaid look-alike program," but HIRSP is an insurance program, not a categorical benefits program. As the Department has learned, it is a very different program from Medicaid. I think you should want to keep it that way.

In January 1999, HIRSP costs were running about \$38 million on a fiscal year basis. The Department (as of yesterday) now estimates that program costs have increased and will be closer to \$46 million at the end of this fiscal year.

The HIRSP population is not a "Medicaid look-alike" population. There were just under 7,000 individuals enrolled in the plan in January. On average close to 60 percent of the HIRSP population is female. More than 60 percent of the people covered under the plan are over age 50. Nearly 30 percent are over age 60. Between 35 and 40 percent of the people insured by HIRSP report annual household incomes under \$20,000 and receive subsidies that help them pay premiums and deductibles.

These people could use a stronger Board to speak on their behalf. When problems occur, the Board ought to have sufficient oversight authority to ask for and receive explanations and information and to request action to fix problems, but we don't.

2. My second recommendation speaks to the Department's most recent legislative proposal.
  - A. The Secretary of DHFS outlined new changes he wishes to make to HIRSP in recent testimony before this Committee. Since then, as I understand it, the Secretary has modified his proposal.

The Secretary reviewed the most recent outlines of his legislative proposal at a meeting of the HIRSP Board yesterday.

At that meeting, the HIRSP Board agreed that new legislative language requested by the Secretary to give the Department greater flexibility in managing and reconciling financial performance of the plan is needed and should be drafted.

The proposed new language, as I understand it, would allow the Department to determine variances in the statutory 60%/20%/20% funding of program costs compared to actual funding on a calendar year basis, and make adjustments to reconcile those variances in the immediately following fiscal year.

The Secretary also discussed proposed changes in processing of prescription drug claims, some of which appear to the Board to be reasonable.

But the Board asked to be provided with more information relating to reductions in benefits, which some members of the Board would oppose.

3. Finally, I do think that I can speak for the Board in asking that you consider restoring the \$2,000,000 in GPR funding for HIRSP that was cut in the budget.
  - A. If these funds were restored, the appropriation under s. 20.435 (4) (af) would increase from \$9,900,000 to \$11,900,000 in each of the next two fiscal years.

Thank you for your time and patience.

I would be pleased to try to answer any questions you may have.





**WECA**

*Wisconsin  
Early  
Childhood  
Association*

2040 Sherman Ave.  
Madison, WI 53704  
608-240-9880  
1-800-783-9322

**To: Members of Joint Finance Committee  
From: Mary Babula, Program Director of Wisconsin Early Childhood Association  
April 15, 1999**

I am here to speak to you today as program director of Wisconsin Early Childhood Association, on behalf of the thousands of child care providers who are working today and every day to take care of our children, our most precious resource. They are an essential contributor to the success of welfare reform. If parents know their children are safe and well-cared for, they can be more reliable and productive employees.

I am also speaking as co-chair of the Wisconsin Women's Network Child Care Task Force, which represents thousands of child care consumers, child care providers, and others dedicated to helping improve the condition of women and children.

I wish to indicate our support for many of the child care and early education items Governor Thompson has presented to you in his biennial budget which will help make stable child care more affordable, and improve the child care delivery system in Wisconsin.

Since Wisconsin finds itself in a position of having more than \$70 million in federal funds which were budgeted for child care but not spent in the current biennium, we are pleased that Governor Thompson has proposed spending some of those funds to help make child care more affordable to more families. In addition, the initiatives to improve the quality and availability of child care and early childhood education programs are a wise investment of those federal funds.

**Changes in Eligibility for Child Care Subsidy**

We support these proposals made by Governor Thompson:

1. establish eligibility for parents with disabled children ages 13-18
2. eliminate the family asset test as an eligibility requirement for child care subsidies
3. extend eligibility to income-eligible parents who are pursuing basic education or training including high school equivalency courses and English as a Second Language courses
4. adjust the income test to reflect net income rather than gross income, for farm and self-employment income

5. no longer count child support payments as income in determining eligibility
6. reduce the requirement for attachment to the workforce in order to qualify for child care while attending school

These changes would make it easier for families to apply for and qualify for a small subsidy to help them meet their child care costs to allow them to work and support their families. These changes also recognize that children with disabilities and special needs are often incapable of being left alone after school, and would remedy an unsafe condition many parents have been forced to put their children in after school, when they received no support to help pay for child care for a disabled child over 12 years of age. These changes will make the child care program more accessible for families who need our help so they can work.

**Child Care Infrastructure Development and Support: Initiatives to Improve the Quality and Availability of Child Care and Early Childhood Education Programs:**

We are also pleased to see the funds Governor Thompson is proposing to devote funds to improving the quality and availability of child care services in Wisconsin including:

1. \$10 million to develop state-of-the art Early Childhood Excellence Initiative, which we believe should involve collaboration between child care, Head Start and schools
2. \$3.5 million for a child care scholarship and training program modeled after North Carolina's T.E.A.C.H. Early Childhood Program
3. \$8.8 million for grants to improve the availability and quality of child care programs statewide, based on local needs, including subsidies to programs serving low-income children and establishing back-up care for sick children, which would be administered by child care resource and referral agencies
4. \$3.2 million in loan guarantees and loan subsidies through WHEDA for facilities
5. additional \$9.9 million to expand Head Start programs to full day and/or to serve children under age 4
6. \$20 million for Community Youth Grants which could support after-school programs for children statewide
7. increasing the base funding to Child Care Resource and Referral centers, to help parents find and select child care, help new programs get started, and support existing providers
8. on-going funding of \$580,000 to the Safe Child Care program, for on-site inspections, technical assistance and training for county-certified family child care providers
9. maintaining the DHFS budget for child care licensing, by replacing budget cuts in the Social Services Block Grant with Child Care Development Fund or TANF funds to cover licensing positions.

We look forward to working with staff in the Department of Workforce Development to fit all of these new initiatives together to support an improved child care infrastructure system in Wisconsin. We are very excited that this much money could be devoted to such endeavors, and we urge your support of the Governor's proposals.

### **Teacher Education**

I want to speak about the initiatives to improve the education levels of child care providers. We have a great deal of information now about the importance of supporting each child's development in the first three years of life, since that is the time when the brain is developing most fully, and the greatest harm to a child's life time potential can happen if the child's development is not fully supported during those years.

That means it is important for parents to have the resources they need to help them help their children grow and develop fully (good nutrition, preventive health care, a safe home, etc.) That also means it is important for knowledgeable child care professionals to provide good care for children while their parents are working. While being a parent may seem like a "natural activity" to many, caring for and educating other people's children, especially in a group with several children and several sets of parents to work with, does require specialized training.

We also know that the child care industry is suffering. At a time when the overall Wisconsin economy is booming, the child care industry is experiencing a crisis. Child care remains a low paying profession, because parents are primarily responsible for covering the costs of child care. These are typically parents who are at the early stages of their careers, earning lower incomes than they will when their children are cared for and educated in our public education system, or when they are paying for college costs. Child teaching staff earn on average less than \$12,000/year, and entry level assistants earn an average of 10,000 for their full time work. Family child care providers who typically work more than 50 hours a week, earn less than \$10,000 when their business expenses are subtracted from their income. Child care workers, especially those with a family, live in poverty and qualify for benefits such as child care and food stamps. Even though child care is essential for our economy, it is not a job that helps the workers move out of poverty.

Because there are so many jobs available, and because child care is not only a low paying profession but puts high demands on the employee in terms of the work and the additional preparation required to do the job right, many people are opting to take easier jobs which pay them higher wages, such as discount stores and fast food restaurants.

Governor Thompson is proposing, and we support, an exciting program which would use some unspent federal child care funds to provide scholarships for child care administrators and teachers and family child care providers to earn a technical college or college degree. The person who receives the scholarship would make a commitment to stay with their child care program one year for each year of scholarship received. The child care program would make a commitment to provide a bonus or pay raise to the staff person who has improved his or her educational level, and the state funds would enhance that with a bonus as well. This would provide a good step to help child care professionals receive the education they need to provide a good program for

children, and at the same time, make those professionals feel that their work is valued because they will be better compensated.

This program, which is known as T.E.A.C.H. Early Childhood--Teacher Education and Compensation Helps would contribute to improved quality in our child care system by creating better educated teachers, who can provide a more appropriate program for children. The teachers will be committed to staying with their programs, thereby reducing staff turnover. The bonuses that child care staff and providers receive through this program will provide additional incentive for them to stay in the field. Children, parents, employers, and all of us are the ultimate beneficiaries of such a supportive program. We urge you to support Governor Thompson's proposal to set aside \$3.5 million for this initiative over the biennium.

### **Lowering Co-payments**

We are pleased that Governor Thompson heard the concerns of parents and child care providers, that child care co-payments under W-2 are too high for some parents, so he is proposing to lower co-payments. We are asking that you amend the Governor's proposal to reduce co-payments even lower, to a maximum of 10% of an eligible family's income.

This would help the poorest families in our economy get off to a good start in their working careers. They would have a manageable child care co-payment, the level recommended by the federal government and economists who study what a family needs to earn and can afford to pay for such essentials as housing, health care, food, and child care. As the family's income rises, they are more able to afford larger child care payments. We shouldn't place too great a burden on families at the lowest income levels, just so they don't have to experience a jump in child care costs when they earn so much that they are no longer eligible for a subsidy. At that point, they have more resources to make those payments.

### **Raising Eligibility Levels**

We are also pleased that Governor Thompson heard the concerns of parents and employers, that we should raise the income level for child care eligibility, so more low income working families can receive a child care subsidy as they move toward self-sufficiency.

We are asking that you amend the Governor's budget proposal to raise that level even higher, to 85% of the state's median income, which would be \$35,400 for a family of three. This is the level allowed by federal law. At this income level, families are much more able to pay their full child care bill, and since the child care co-payments are set on a sliding scale, as family's income rises their child care costs rise, so people nearing 85% of the median income pay most of their child care costs. Child care would represent between 11% and 16% of a family's income at that level. They would also be eligible for a dependent care tax credit.

### **Amendments to the budget**

Wisconsin Early Childhood Association and the Wisconsin Women's Network Child Care Task Force would like to ask you to amend the budget in the following ways.

1. Restore Wisconsin's state commitment to funding child care by restoring the \$39 million in GPR funds which have been removed from this budget proposal. These funds are essential to help families pay for child care. They could be used to raise eligibility and lower copayments as we are proposing. In addition, we feel it a dangerous move to rely only on federal funds to support our child care delivery system, since we have much less control over that level of funding. If federal child care funds are cut, and GPR funds have already been diverted to other uses, we will not be able to sustain our child care system in Wisconsin, and welfare reform will fall apart.

We also want to remind you that investing in good child care is a wise investment which has been proven to cut the costs of special education services and prisons later in a person's life. Think of investing these funds now in child care, so that in five, ten and twenty years you will have a generation prepared to work productively and care for themselves and their families, and we will have much lower costs for special education and prisons.

2. We would like to see the W-2 requirements changed so a parent can choose to stay home with her baby for the first twelve months, (12 months over the parent's life time). We are proposing that because these are critical months for bonding between a parent and child, because infant care is extremely expensive to provide and therefore very difficult to locate, and because low income parents earn so little in their jobs that they will be paying most of their income for child care. If the goal is to help parents become self-sufficient and well able to care for their baby, we would support parent education programs during these months, with parents having the option of working part time, full time, or caring for their baby. This would mirror our society as a whole, where half of the women who have babies do not go back to work in the first year, and of those who do go back to work, half of them only work part time.

3. We would like to see a student loan forgiveness program established, where people who earn a degree in early childhood education and then go to work in child care or Head Start, can have up to \$1000 per year forgiven on their student loans, and if they stay in child care or Head Start for 5 years, then a total of \$5,000 would be forgiven. The estimated cost of this program over the biennium is \$100,000. This would be a wise state investment, to encourage qualified teachers to work with young children, giving them the start they need to succeed in life.

4. We would like to see a Wisconsin Dependent Care Tax Credit instituted so that parents who are eligible for a federal dependent care tax credit to help them pay for their costs to care for a child or dependent elderly or disabled person, would be eligible for a Wisconsin credit equal to 50% of the federal credit. That would provide a tax cut to working families of a maximum of \$360 for one child/adult and a maximum of \$720 for more than one child/adult. The amount of the credit is on a sliding scale, with lower income families receiving a higher credit. The formula would allow this tax credit to fit in with and complement the child care subsidy program Wisconsin Shares (W-2 child care). This program would cost Wisconsin \$16.7 million in lost taxes, and could be paid for through the \$39 million in GPR which we are asking to be restored.

5. We oppose the recommendation to put W-2 agencies in Milwaukee in charge of the entire child care program. We believe Milwaukee County is more publicly accountable, and should be held to the program requirements. However, with the mobility of the poverty-level population in

Milwaukee, there are currently approximately 1000 transfers per month between the W-2 agencies. If that were the case in child care, this would be a nightmare for child care providers trying to be regulated and then paid for their services. Milwaukee County should retain this responsibility.

### **Public Education**

We also want to indicate our support for proposals which would provide full funding for four year old kindergarten program, with the provision that public schools could contract to provide those services in child care or Head Start programs, so the children can get a full day program while their parents work, with qualified teachers.

We support the SAGE program, to reduce class sizes for young elementary school children, especially those who are disadvantaged due to the stresses of growing up in poverty.

We also support expanding the school nutrition program to provide more breakfasts and milk in schools. Many low income children rely on the meals they receive at school to provide their primary nutrition each day. We know that good nutrition is essential to healthy growth and maximum brain development in young children. This would be a wise investment of tax dollars.

Thank you for the opportunity to speak to you today.

**TESTIMONY BEFORE THE JOINT COMMITTEE  
THURSDAY, APRIL 15, 1999  
WISCONSIN STATE CAPITOL  
MADISON, WISCONSIN**

Good ~~morning~~/afternoon Mr. Chairman. My name is Diego Camacho, Jr.. I am a licensed funeral director. I own and operate funeral homes and crematory in Darlington and Monroe.

Whenever our funeral homes serve a so called welfare funeral, the state reimburses the county where the deceased resided and died \$1000. The county then reimburses our funeral home \$1000 plus cemetery expenses. Our cost for basic services of funeral director & staff, casket, facilities and other miscellaneous merchandise is well above the \$1000 reimbursement. It was in 1992, I believe, we had an increase. However, in that increase please note that the casket is provided by the funeral home.

I thank you for addressing this shortfall. I strongly urge you to support the increase we are requesting from \$1000 to \$2500.

I have been told that most nursing homes are reimbursed at least 90% or so of their operation expenses. The reimbursement I receive is 20-30% of my costs. We want to be able to serve the needs of these families! However, I do not believe that our funeral home can continue to take these losses and maintain the level of care to the deceased person and their grieving family members.

The other issue I want to address is a similar request to the first one. It is an increase of the irrevocable funeral trust of \$2000 to \$3500. Again, I believe this was addressed in the 1991-1993 budget. The \$2000 amount that an SSI/MA recipient can set aside is considerably less than our operating expenses. There may be numerous funeral homes in other communities that

exceed this \$3500 increase already. I feel that at least this is a step in the right direction. By allowing this increase of \$3500 you will be giving those grieving families a better opportunity to give their loved one a respectful and dignified funeral service while helping them in the grieving process.

The other side of the coin, if you will, as I see it is this. By increasing this amount to \$3500 you will encourage families and/or funeral directors to perhaps fund the irrevocable funeral in a local financial institution in their own surrounding communities. I know of various funeral homes that prefer to trust in the banking institutions of their particular area where they have the funeral home. Otherwise, I believe the exodus to insurance funded funerals will be inevitable. It will be a matter of survival. Insurance funded funerals have no set limits. Families can select the funeral of choice and fully fund it. To some families and/or funeral homes this is a preferred choice and perhaps the right one. For others it may not!

Recovery Act of 1993 requires any excess amount to revert back to the county or state. It is my understanding that whenever a funeral is funded by insurance then the state/county has NO recovery claims on the excess money. Some funeral homes may have operating procedures that they follow whenever this occurs with insurance.

With the irrevocable funeral service trust the excess amount reverts back to the state/county.

From my experience in the 20 years as a funeral service practitioner I can give testimony to the fact that many families we serve achieve a level of peace whenever they prearrange and/or prefund their funeral services.

For these reasons I hope you will support both of these increases. I believe our bereaved families will benefit as well as our funeral profession.



**Thank you for the privilege to speak to you today!**

**Any questions?**

**Thank You.**

## **Public Hearing**

### **Provisions in the Budget Bill [1999 Assembly Bill 133]**

#### **Relating to**

#### **The Health Insurance Risk Sharing Plan (HIRSP)**

**Reference:** s. 20.435 (4) (af)  
s. 20.435 (4) (ah)  
s. 20.435 (4) (gh)

Sections 417, 418, 2256-2278, and 9123 (2), pp. 427, 1052-1058, and 1406

**Place:** State Capitol, Room 411 South

**Date & Time:** April 15, 1999, 10:30 a.m.

**Testimony of:** Robert T. Wood  
Corporate Vice President, Government Relations  
Wisconsin Physicians Service Insurance Corporation (WPS)  
  
Member, HIRSP Board of Governors

My name is Robert Wood. I am Corporate Vice President of Government Relations for Wisconsin Physicians Service Insurance Corporation (WPS). I have served on the HIRSP Board of Governors for more than 11 years. I have been responsible at WPS for review of HIRSP operations, administration and legislation since the plan was first enacted nearly twenty years ago as part of the Laws of 1979.

I am speaking on the subject of proposed changes to the HIRSP statutes in the budget. I speak as a member of the HIRSP Board, but I am not speaking for the HIRSP Board.

I am submitting brief written testimony and I will try to be even briefer in speaking here.

In 1997, this Committee restructured HIRSP funding based on agreements reached with insurers, providers, and the Department of Health and Family Services.

The basic agreements were that \$6 million GPR in the first half of calendar year 1998 and \$12 million in GPR in the current fiscal year would be appropriated to partially fund the HIRSP program. After application of GPR funding, full premium payments would be set to fund 60 percent of program costs and insurers and providers would each fund 20 percent of the remaining unfunded costs. The Department would track and fund financial performance of the plan against budget, and there would be a reconciliation process to balance out any variances from statutory funding shares. You transferred the program from OCI to the Department of Health and Family Services, and asked

DHFS to take care of these tasks.

The new funding arrangements translated into an immediate 15 percent rate cut for the people in the plan. HIRSP rates dropped from 192 percent of a standard risk rate to 150 percent. For many individuals aged 60 or more who make up the largest age group in the plan this meant close to \$1,000 in savings on an annual basis.

In the current fiscal year, we were able to keep premiums at 150 percent of a standard risk rate. I'm confident they will remain at 150 percent in the next fiscal year. A rate increase will still be needed, but only to reflect the marketplace increase in the standard risk rate. This means the new funding arrangements are working well for the people in the program who themselves pay the largest share of program costs.

There have been a number of problems in the administration of the HIRSP program since it was transferred to DHFS, particularly with the Department's inability until very recently to provide data on financial operation of the plan against budget, or to provide information on plan enrollments and demographics. I don't want to dwell on these problems, because I believe that some of the most serious problems are close to being fixed.

I raise the subject only because, when you transferred the program to DHFS, you reduced the ability of the HIRSP Board of Governors to effectively oversee the operations of HIRSP and approve policy changes in the program. I believe that if you had kept the HIRSP Board the same strong Board it was for nearly 18 years when the plan was administered at OCI, some of the problems we have had with the plan over the past 15 months might not have happened, and those that couldn't have been avoided might have been paid attention to and fixed earlier.

This said, I have three recommendations for changes to the HIRSP statutes in the current budget bill.

1. My first recommendation is that you make the Board a stronger Board again.

HIRSP is a partnership between the private sector, and the government. In this partnership, the people enrolled in the plan and the insurers and providers who share in plan costs pay the greatest share of the costs of the HIRSP program. They deserve a stronger voice in how their funding of the program under the statutes is accounted for and reconciled.

I think I do not have to tell you that the Department wishes the Board to speak in a very small voice and only as an advisory body. I think if the Board is to be limited to a strictly advisory role, you might as well not have a Board at all.

The Board has historically played a strong role in representing the interests of the people who are enrolled in the plan. To the extent that you have a weak board, it is these people who lose the most in terms of *not* having a voice in the operations of the plan.

A. Feeling as I do, I would recommend that you delete those sections in the budget bill, as originally introduced, that would further weaken the Board.

B. Next, I would recommend that the Board needs a stronger voice in at least six areas.

- (1) Development and approval of the HIRSP budget.

- (2) Oversight of financial management of the plan against budget.
- (3) Oversight of changes in HIRSP policy, including proposed changes in HIRSP benefits and other changes to statutes.
- (4) Reporting of data in HIRSP monthly reports, and other information of interest to the Board.
- (5) Assignment of work and scheduling of meetings of Board committees and sub-committees.
- (6) Development and release of reports specified in statutes as reports by the Board to the Legislature and to the Governor.

C. Finally, representation on the Board needs to be adjusted in two areas:

- (1) The Secretary of DHFS chairs the Board. Statutes should specify that no appointed member of the Board should be an employee of DHFS.
- (2) Statutes should specify that at least one of the consumer representatives on the Board must be a participant in HIRSP.

Planning documents relating to HIRSP are starting to talk about turning HIRSP into a "Medicaid look-alike program," but HIRSP is an insurance program, not a categorical benefits program. As the Department has learned, it is a very different program from Medicaid. I think you should want to keep it that way.

In January 1999, HIRSP costs were running about \$38 million on a fiscal year basis. The Department (as of yesterday) now estimates that program costs have increased and will be closer to \$46 million at the end of this fiscal year.

The HIRSP population is not a "Medicaid look-alike" population. There were just under 7,000 individuals enrolled in the plan in January. On average close to 60 percent of the HIRSP population is female. More than 60 percent of the people covered under the plan are over age 50. Nearly 30 percent are over age 60. Between 35 and 40 percent of the people insured by HIRSP report annual household incomes under \$20,000 and receive subsidies that help them pay premiums and deductibles.

These people could use a stronger Board to speak on their behalf. When problems occur, the Board ought to have sufficient oversight authority to ask for and receive explanations and information and to request action to fix problems, but we don't.

2. My second recommendation speaks to the Department's most recent legislative proposal.

A. The Secretary of DHFS outlined new changes he wishes to make to HIRSP in recent testimony before this Committee. Since then, as I understand it, the Secretary has modified his proposal.

The Secretary reviewed the most recent outlines of his legislative proposal at a meeting of the HIRSP Board yesterday.

At that meeting, the HIRSP Board agreed that new legislative language requested by the Secretary to give the Department greater flexibility in managing and reconciling financial performance of the plan is needed and should be drafted.

The proposed new language, as I understand it, would allow the Department to determine variances in the statutory 60%/20%/20% funding of program costs compared to actual funding on a calendar year basis, and make adjustments to reconcile those variances in the immediately following fiscal year.

The Secretary also discussed proposed changes in processing of prescription drug claims, some of which appear to the Board to be reasonable.

But the Board asked to be provided with more information relating to reductions in benefits, which some members of the Board would oppose.

3. Finally, I do think that I can speak for the Board in asking that you consider restoring the \$2,000,000 in GPR funding for HIRSP that was cut in the budget.
  - A. If these funds were restored, the appropriation under s. 20.435 (4) (af) would increase from \$9,900,000 to \$11,900,000 in each of the next two fiscal years.

Thank you for your time and patience.

I would be pleased to try to answer any questions you may have.

TO: Joint Committee on Finance Members

FROM: Eugene Lehrmann  
Ellen Rabenhorst  
David Slautterback

Representing the Following Organizations:

AARP  
Coalition of Wisconsin Aging Groups  
Wisconsin Retired Educators Association  
Wisconsin Council of Senior Citizens  
Wisconsin Alzheimer's Chapter Network  
Wisconsin Association of Area Agencies on Aging  
Wisconsin Association of Aging Unit Directors  
Wisconsin Council of Churches  
Milwaukee Consortium of Service Providers  
Dane County Elderly Services Network

DATE: April 15, 1999

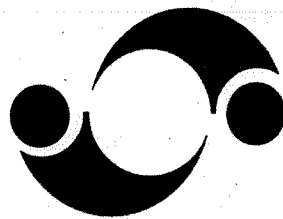
SUBJECT: State Budget Priorities for the Elderly

On behalf of the organizations listed we urge your support for the following priority issues:

1. Family Care – We support the Family Care pilot projects in the proposed budget. Family Care is extremely important to older persons because it provides one-stop shopping (Resource Centers) for older persons and their families, and it creates equal access to home and community long-term care services as it does to nursing home care. Because there is no system serving older persons, Wisconsin still provides 77% of long-term care to the elderly in nursing homes. Family Care will give many more older persons the opportunity to remain in their own homes.
2. Community Options Program (COP) – While we pilot Family Care, we urge you to provide additional COP dollars to provide hope to people on waiting lists in the remaining 63 counties that are not Family Care pilots in this budget. Nursing home utilization has been going down in Wisconsin and is projected to continue to decrease in this budget. Additional funding for COP will help assure the projected decrease and Medicaid savings in nursing home costs.

3. Ombudsman – We urge your support for eight additional Ombudsman positions (four in each year of the budget) to serve the long-term care population in Wisconsin of over 90,000 people. This would put Wisconsin at approximately twice the national recommended standard of one Ombudsman for every 2,000 long-term care clients (i.e., 1:4,000).
4. Long-Term Care Workers – We support wage pass-through legislation that will provide increases to the lowest paid long-term care workers; i.e., Personal Care workers and Certified Nurse Aides.
5. Elderly and Disabled Transportation – From FY96 through FY 99 the DOT budget has increased by \$387.4 million while the Elderly and Disabled Transportation program has increased by only \$1.2 million or three-tenths of one percent (.003%) of the overall increase. We support an increase of \$8 million a year in the E&D Transportation program. Even with this increase the program would still be less than 1% of the total DOT budget.
6. Elderly Nutrition Program – State funding for the Elderly Nutrition Program has not increased since 1994 despite a shift toward more costly home delivered meals to accommodate the growing population of people age 85 and over. We urge an increase in this budget.
7. Alzheimer's Family and Caregiver Support Program (AFCS) – This program has not received an increase in funding since it was initiated in 1985. We support an increase of \$1.8 million to eliminate waiting lists (750 people) and to serve additional families.

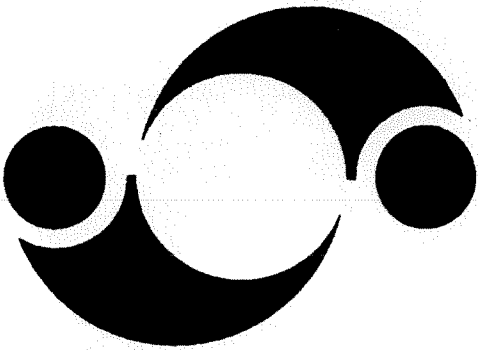
1999 - 2001  
LEGISLATIVE INITIATIVES



Wisconsin Council for the Deaf and Hard of Hearing

Alex Slappey  
Chairperson





**WISCONSIN COUNCIL FOR THE DEAF & HARD OF HEARING**  
2917 International Lane, 3rd Floor  
P.O. Box 7852  
Madison WI 53707-7852  
(608) 243-5626 TTY/Voice

## TABLE OF CONTENTS


<b>Message from the Chairperson</b> .....	i
<b><u>Policy Recommendations</u></b>	
Statute to Establish Basic Credential Requirements for Sign Language Interpreters .....	2
<b><u>Fiscal Recommendations</u></b>	
Service Fund for the Deaf, Deafblind & Hard of Hearing .....	4
Community Service Associates .....	5
<b><u>Legislative Initiatives Summary</u></b>	
Policy Recommendations .....	6
Fiscal Recommendations .....	6
<b>Members of the Wisconsin Council for the Deaf &amp; Hard of Hearing</b> .....	7
<b>Notes</b> .....	8

### **MESSAGE FROM THE CHAIRPERSON** ..... Alex Slappey

The Wisconsin Council for the Deaf and Hard of Hearing is comprised of nine members, appointed by the Governor. As part of its purpose, the Council serves to provide advice and consultation to the Office for the Deaf and Hard of Hearing, the Division of Supportive Living, governmental bodies, private groups and individuals. The activities of the Council are driven by the desire to support people who are deaf, deafblind or hard of hearing in their efforts to achieve an equal place in their mainstream communities.

The *1999-2001 Legislative Initiatives* of the Council support the prudent allocation of public funds to enhance the contributions made by individuals and families in their support of people who are deaf, deafblind or hard of hearing. In addition, the Council's initiatives support the provision of comparable accommodation services that are critical to accessing essential basic services that are accessed by the general public.

If questions arise, please contact a Council member listed in the back of this document.

  
Alex Slappey  
Chairperson

**WISCONSIN COUNCIL FOR THE DEAF & HARD OF HEARING**

**POLICY  
RECOMMENDATIONS**

**STATUTE TO ESTABLISH BASIC CREDENTIAL REQUIREMENTS FOR  
SIGN LANGUAGE INTERPRETERS**

Many people arranging interpreting services are unaware of the skill levels required to provide safe and effective communication. Approximately 500,000 Wisconsin citizens are deaf, deafblind and hard of hearing, resulting in a high demand for interpreting services. The consequences of utilizing unqualified interpreters can be physically dangerous, if not fatal, in medical situations. In legal situations, people can, and have been, denied basic civil rights.

A statute is needed to establish guidelines for the basic skill and quality levels required of Sign Language Interpreters to interpret in a variety of settings. Proposed statutory language includes guidelines for the skill levels required to interpret in legal, mental health and emergency medical settings. Guidelines are also included for skill levels required to interpret in all other settings. Educational interpreters will be exempted from the statutory requirements. In addition, there are administrative sanctions for Sign Language Interpreters providing interpreting services in settings for which they are not qualified, including a fine structure and an appeal process.

**COUNCIL RECOMMENDATION**

- Support implementation of statutory guidelines to specify basic credential requirements for Sign Language Interpreters

## WISCONSIN COUNCIL FOR THE DEAF & HARD OF HEARING

### FISCAL RECOMMENDATIONS

#### **SERVICE FUND FOR THE DEAF, DEAFBLIND AND HARD OF HEARING**

The Service Fund for people who are deaf, deafblind or hard of hearing provides funding for sign language interpreters, realtime captioning and other comparable accommodations. Providing people with the means of presenting and receiving accurate information prevents exposure to life-threatening situations or situations where civil rights are denied.

- Funds support activities not covered by ADA, including support groups for battered women, substance abuse prevention, and cancer victims
- Funds support agencies in the process of obtaining funds for legal, mental health, and emergency medical activities
- In 1996, GPR funding to the Wisconsin Office for the Deaf and Hard of Hearing for the Service Fund was reduced from \$113,000 to \$50,000
- Funds are available to over 500,000 deaf, deafblind and hard of hearing Wisconsin citizens
- Demand for funds exceeds the \$50,000 allocation.

In SFY 98, \$50,000 purchased nearly 1,563 hours of interpreting services, providing services to an estimated 250 people. Service requests exceeding the \$50,000 allocation amounted to an estimated 752 hours or nearly 120 participants.

#### **COUNCIL RECOMMENDATION**

- Increase GPR funding to \$138,000 over the biennium from the current base of \$50,000

## COMMUNITY SERVICE ASSOCIATES

Community Service Associates (CSAs) provide:

- comparable accommodations in the form of interpreting services for deaf or hard of hearing Regional Coordinators of Deaf and Hard of Hearing Services
- information, assistance, education, and prevention services for deaf, hard of hearing and deafblind citizens

Funding for CSAs is supported by GPR and a combination of state/federal funds from the Division of Vocational Rehabilitation. In SFY 98, DVR funding support was reduced from \$72,620 to \$16,500. Efforts to compensate for the funding reduction included:

- reducing total CSA hours by over 900 hours per year
- providing interpreting services outside of normal job duties

Each of these actions reduced direct services provided to Regional Coordinators of Deaf and Hard of Hearing Services and to the deaf, deafblind and hard of hearing communities.

## COUNCIL RECOMMENDATIONS

- Fully fund the services of the Community Service Associates
- Increase the base \$110,500 GPR funding by \$83,779 in SFY 00 and \$89,607 on SFY 01

5

## FISCAL RECOMMENDATIONS

**Services to the Deaf and Hard of Hearing Fund:** Increase GPR funding to \$138,000 over the biennium from the current base of \$50,000.

**Community Service Associates:** Increase the base \$110,000 GPR funding by \$83,779 in SFY 00 and \$89,607 in SFY 01.

## POLICY RECOMMENDATIONS SUMMARY

**Statute to Establish Basic Credential Requirements for Sign Language Interpreters:** Support the implementation of statutory guidelines to identify basic skill and quality levels required of Sign Language Interpreters in an effort to ensure that people who are deaf, deafblind, or hard of hearing have access to safe and effective communication.

6

**GOVERNOR-APPOINTED MEMBERS OF THE WISCONSIN COUNCIL  
FOR THE DEAF AND HARD OF HEARING**

Chairperson: Alex Slaphey  
(414) 728-7120 TTY/Voice  
Delavan

Vice-Chairperson: Sarah Benton  
(414) 728-7120 TTY/Voice  
New Berlin

Members: John Boyer  
(608) 257-5917 Voice  
Madison

Linda Jennison  
(414) 248-1234 V/TTY  
Lake Geneva

Eve Dicker Eiseman  
(414) 790-1040 Voice  
Mequon

Helen Rizzi  
(715) 834-2797 TTY  
Eau Claire

Margaret Ferris  
(414) 722-0436 Voice/TTY  
Neenah

Deborah Stamm  
(414) 544-9559 Voice  
Pewaukee

Mike Ginter  
(608) 833-3201 TTY  
Mt. Horeb

**NOTES**