

WISCONSIN
WOMEN'S
network

122 STATE STREET

MADISON, WISCONSIN 53703

(608) 255-9809

* Support Compassionate Child Care *
Child Care Task Force--Wisconsin Women's Network
Legislative Agenda 1999

Contacts: Mary Babula, Co-Chair, 608-240-9880
Kathy Keifer, Co-Chair, 414-453-0508

The CHILD CARE TASK FORCE proposes legislative steps to:

- Ensure safe, healthy and quality child care for Wisconsin families who need it.
- Increase benefits for the child care work force that will stabilize, sustain and promote overall quality within the child care system.
- Build and improve access to child care benefits that support the capacity of parents to work and raise their children.

The CHILD CARE TASK FORCE promotes the following legislative initiatives:

1. FOR WORKING FAMILIES...

- Reduce co-payments for low income parents receiving a state child care subsidy to no more than 10% of a family's income.
- Increase eligibility for a child care subsidy to 85% of the state's median income, as is allowed by Federal law.
- Raise the age limit for child care services for families with children with special needs to 18.
- Allow eligible families to use the child care benefits under "Wisconsin Shares" (formerly W-2 child care) for education/training programs.
- Allow parents with children under 12 months voluntary participation in work or training in the W-2 program.

- Restore the state tax credit that allows for a percentage of the Federal Dependent Care Tax Credit to be a state tax credit for working families. (A tax cut for working families.)

2. FOR A QUALITY CHILD CARE WORK FORCE...

- Establish an initiative to provide scholarships for the child care work force to get additional training. Include a mechanism that will provide the child care work force with wage supplements aimed at reducing child care staff turnover, and encouraging higher levels of staff training. (\$3.5 million for the biennium.)
- Restore the training requirements for all certified providers, and increase the minimum requirement for training in child development for providers receiving public child care funds to 20 hours.
- Institute a program for loan forgiveness for higher education for an early childhood credential or degree that supports staff longevity in the field.
- Target health care reform initiatives for the child care work force to provide for access to health insurance through a pool for small child care businesses, and subsidize the cost of insurance for child care programs.

3. FOR AN IMPROVED EARLY CHILDHOOD CARE AND EDUCATION SYSTEM...

- Earmark and use in the 1999 fiscal year, all dollars left in last year's budget for child care. Use the surplus to reduce child care co-payments and to raise the income threshold for child care eligibility. Continue to earmark unspent child care funds to be spent in the next fiscal year for child care purposes. Do not eliminate GPR from child care base funding.
- Mandate that the Office of Child Care develop a comprehensive plan to:
 - coordinate local and statewide efforts to maximize early care and education dollars for all families.
 - strengthen and stabilize the child care workforce through training and improved wages.
 - ensure that state and federal resources for child care and early education for low income families are protected.
- Create Early Childhood Councils in each county to provide "review and comment" on county expenditures for early childhood programs, ease of parent access to these programs and coordination of care and education services.
- Create state tax credits for employers who provide any of a range of child care benefits to employees or the community.

DATE: 3/1/99

W-2 POLICY GROUP: 1999 LEGISLATIVE ISSUES (3/17/99 Draft)

After about a year of operation, it has become apparent that W-2 must be changed if we are to succeed as a state in moving people out of poverty and into the work force. The Policy Group on Welfare Reform, a coalition of statewide service, religious and non-profit organizations, recommends the following:

1. **Expand education and training opportunities and support to enable families to escape poverty and become self-sufficient.**
 - a. Allow those who lack basic skills, English language skills, and high school degrees, to concentrate on mastering those skills and obtaining degrees by being assigned up to 30 hours per week for education and training. Stipulate that any work assignments may not be allowed to interfere with their progress toward achieving these goals.
 - b. Provide that W-2 participants may pursue post-secondary training likely to lead to improved employment opportunities as long as they participate in up to 20 hours of subsidized or unsubsidized work activities, remain in good standing, and make reasonable progress.
 - c. Provide for child care eligibility for non-W-2 parents in education and training programs without a work requirement if they meet financial requirements, are in good standing, and are in a program likely to lead to employment.
2. **Provide better income support for families of marginal workers to prevent destitution of children.**
 - a. Pay benefits to all applicants who meet eligibility requirements, whether deemed "job ready" or not, within 30 days. Those required to do an up front job search should be placed in a W-2 work activity after 30 days, if they remain unemployed, and receive W-2 benefit payments for the month of job search.
 - b. Require agencies to place low-income, part-time workers in W-2 work or training positions and provide pro-rated W-2 benefits.
3. **Provide accountability and fairness in the system by restoring fair hearings and continuing benefits and providing a mechanism for participants to evaluate the program.**
4. **Improve access to W-2 and assessment of participants to make sure that low-income families are provided help when they most need it and are provided the kind of support they need to become self-sufficient.**
 - a. Provide mandatory training for all W-2 agency employees in dealing with special populations, including those with issues of domestic violence, homelessness, language and cultural barriers to employment and self-sufficiency, learning disabilities, AODA or other mental health problems.
 - b. Require DWD to promulgate rules setting standards for individualized assessments and improved services for the above populations, including counseling, legal services, transitional and subsidized housing, child care, and instructions for using available public transportation.
 - c. Require DWD to promulgate rules setting standards for intake and review procedures, access to emergency assistance and expedited food stamps, telephone access to agency workers, the right to be accompanied at interviews.
 - d. Provide rules that also cover timely access to county workers for those applying for food stamps, child care or medical assistance without applying for W-2 benefits.
 - e. Require the DWD to develop a Rights and Responsibilities statement and informational brochures for distribution at a potential applicant's first contact with the W-2 agency.

5. Improve the quality of child care, and make it more affordable and accessible in order to ensure healthy children and more successful workers.

- a. Remove the requirement for co-payments for families with incomes below the federal poverty level, for foster parents and for those providing kinship care and reduce maximum copayments to 10% of income.
- b. Increase eligibility limits for child care to 225% of the federal poverty level.
- c. Restore the training requirement for all certified providers and increase the minimum training in child development.
- d. Expand eligibility for in-home child care for second and third shift workers and sick children, regardless of the availability of out-of-home care.

6. Improve transportation support to all low-wage workers, including public transportation, voucher systems and help with buying cars, reinstating licenses and obtaining occupational licenses.

7. Ensure adequate support for families with adults or children with disabilities or other significant barriers to work so that the basic needs of children are provided for while parents who are able to do so are helped to become self-sufficient.

- a. Increase the C-Supp benefit to \$250 for the first child and \$150 for each additional child of SSI parents.
- b. Extend eligibility for C-Supp benefits to children of minor children of SSI parents.
- c. Define as a W-2 work activity the care of a child with special needs or the care of a disabled member of the participant's immediate family.
- d. Extend eligibility for child care services to 13 to 18 year old children with special needs.
- e. Increase the benefit level for W-2T placements to equal the CSJ benefit.
- f. Provide for eligibility for W-2 services (except for cash benefits) for SSI parents.
- g. Eliminate the 2-year time limit for W-2 T placements.

8. Support healthier babies by providing cash assistance to pregnant women and reducing work requirements for mothers of infants.

- a. Exempt parents of infants from work activities, except on a volunteer basis, for the first 12 months and provide voluntary parenting and mentoring support services.
- b. Extend eligibility for W-2 work program placements to women in their last trimester of pregnancy, even if they have no other children.

9. Expand eligibility for W-2 work programs to non-custodial parents.

10. Provide special attention to teen parents to set them on the road to self-sufficiency at the earliest possible time.

- a. Allow parents who are still eligible to attend high school to do so without any additional work requirement.
- b. Exempt parents attending high school from child care co-payments while they are attending school.
- c. Allow minor parents to apply for child care assistance on their own when a parent or guardian is unable or unwilling to do so.

11. Expand eligibility for emergency assistance to those facing evictions, and make such assistance available to this new group as well as those who are homeless once every 12 months.

Low Rent Public Housing

Revised March 24, 1998

What is it?

The City of Madison's COMMUNITY DEVELOPMENT AUTHORITY (CDA) owns and operates safe, comfortable, and well-maintained apartment buildings, townhouses, duplex apartments, and houses for low- and moderate-income families and eligible individuals.

These apartments are federally funded through the Department of Housing and Urban Development (HUD), and are managed here in Madison by the CDA's Housing Operations Unit.

Who is eligible?

- Must be a U.S. citizen or non-citizen with eligible status
- A family of 2 or more persons where the head of household is 18 years of age or older.

OR

- A family of two or more persons, at least one of whom is elderly or permanently handicapped/disabled.

OR

- A single person who is over the age of 18.

NOTE: A live-in attendant is not considered a member of a family for income eligibility, but is considered when determining bedroom size. If you require a live-in attendant, a doctor's statement will be needed.

What are the maximum annual family income limits?

- 1 person \$31,700
- 2 people \$36,250
- 3 people \$40,750
- 4 people \$45,300
- 5 people \$48,900
- 6 people \$52,550
- 7 people \$56,150

April 15, 1999

~~Judiciary Hearing~~

Madison WI

Joint Finance Comm.

Sherry Quamme
Associate Administrator
Patient Care Services
Columbus Community Hospital, Inc.
1515 Park Ave.
Columbus WI 53925
(920) 623-2200

Wisconsin AHEC System
Chair, Board of Directors

RE: **Speaking in Favor of \$700,000 Increase In Funding For The Wisconsin AHEC System**

What is AHEC? What does AHEC do?

The Wisconsin Area Health Education System, or AHEC, aims to improve the distribution, supply, quality, utilization and efficiency of health personnel in rural and underserved communities in Wisconsin.

The WI AHEC is administered through the UW Medical School. The work of AHEC is done through four regional, community-based organizations.

Local AHEC's act to join together the resources of the UW Medical School with communities that have a health related need.

How has AHEC Impacted Columbus and Columbus Community Hospital?

- Placement of medical students and selected family practice residents at our rural hospital. Dr. Mary Davis was a family practice resident at our hospital and is now a family practice physician living and working in our community. Her presence has been instrumental in recruiting other physicians. Medical students continue to have rotations to our rural site.
- Senior nursing students have a semester of clinical nursing experience at our rural hospital. 7 of these students have chosen to accept employment at our hospital because of these rotations. They would not have considered us without this AHEC supported program.
- Physical Therapy students from UW Madison, UW LaCrosse and Carroll College utilize our hospital through AHEC supported clinical rotations. Physical Therapy Assistant students from Blackhawk Technical College in Janesville receive training at our hospital and we were successful in employing a student in a position that was open for two years prior the start of this clinical rotation.
- Occupational Therapy students also have clinicals at our hospital.

- These are professionals in growing shortage that are recruited because of the clinicals they have at our rural site. Without the clinicals, they wouldn't give us a second thought.
- High School Students take Certified Nursing Assistant courses supported by AHEC programs in partnership with the hospital and local nursing home. The students then have exposure to a health occupation plus a way to earn income to help support their college education.

Other AHEC Benefits To My Community and Area:

- Facilitated continuing education opportunities
- Functioned as a convener and facilitator to address health care access or workforce needs. Example: Nurse Practitioner student clinical that resulted in employment for two Nurse Practitioners in separate physician clinics.
- Provided training and technical assistance for accessing computer-based health information and library resources. Located a PC workstation in a physician clinic for use by nurse practitioner students, medical students. Available for nursing and physical therapy students.
- Through timely access to health information, have been able to improve patient care.
- Provided technical assistance for community health improvement projects.

What Does Columbus Community Hospital and Wisconsin Need AHEC for in the Future? How will Wisconsin be Impacted If There Is A Loss of Funding?

- Expansion of medical and health professional education in rural and underserved communities like Columbus. We are facing a severe health professions shortage. Students who have clinical experiences at rural and underserved sites give consideration to practicing at those sites. There is a network of systems across Wisconsin now supported by faculty from the University of Wisconsin, our technical colleges, many of our private colleges and a host of community health care providers. AHEC has nurtured and created this. It will be lost if the funding is lost.
- Coordination of community-based activities across regions
- Decreased communication among health professional training programs and community providers would be an outcome of decreased funding. These are the volunteer preceptors of the students. AHEC provides distance learning, technology communication access and continuing education along with health care services support. (Farm health assessments at Feed Mills, Migrant worker health services, dental care access in Wautoma for underserved, South Madison Health Clinic services and others.) Programs would close, cease to exist.
- Without some increase in funding, regional AHEC centers will have to cut programs and services and, maybe even close.

Relevant Facts & Figures To Consider:

- Wisconsin AHEC System is requesting total state funding of \$1.5 million per year to maintain current programs and services.
- Current AHEC System budget is \$1.56 million per year

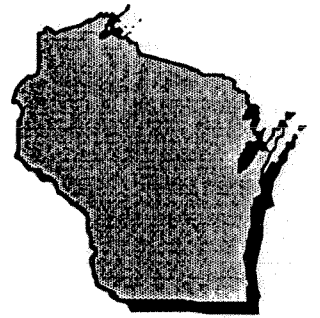
\$763,000 in federal money

\$800,000 in state funds

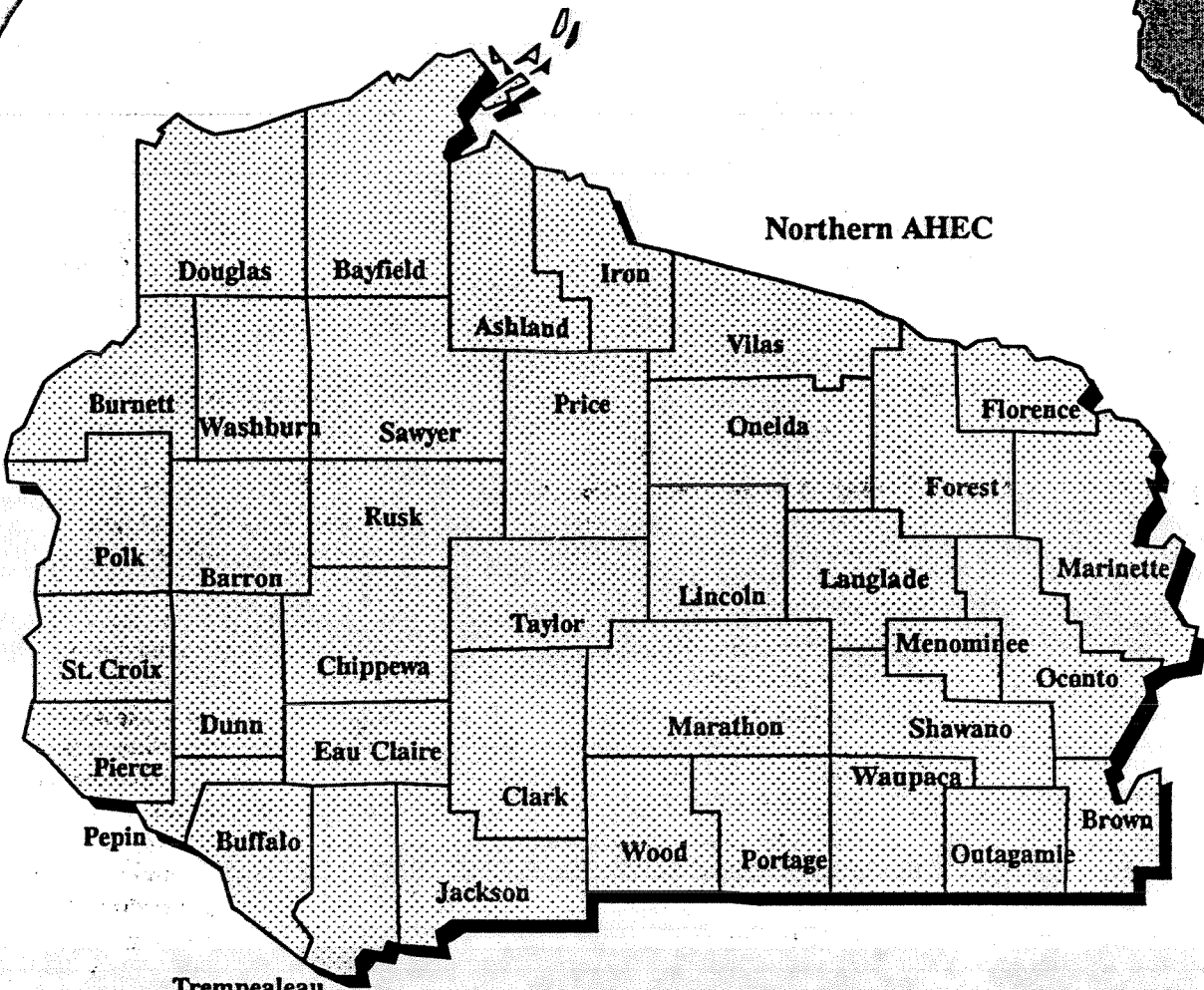
- Federal money is ending September 30, 1999
- Request:
 - Maintain \$800,000 per year appropriation in Governor's budget
 - Increase of \$700,000 per year in state funds, please

Please understand the need to support the Wisconsin AHEC System through the increase of \$700,000 per year to continue to statewide and regional, community based AHEC programs and projects that result in better health care services to rural and underserved populations of our state.

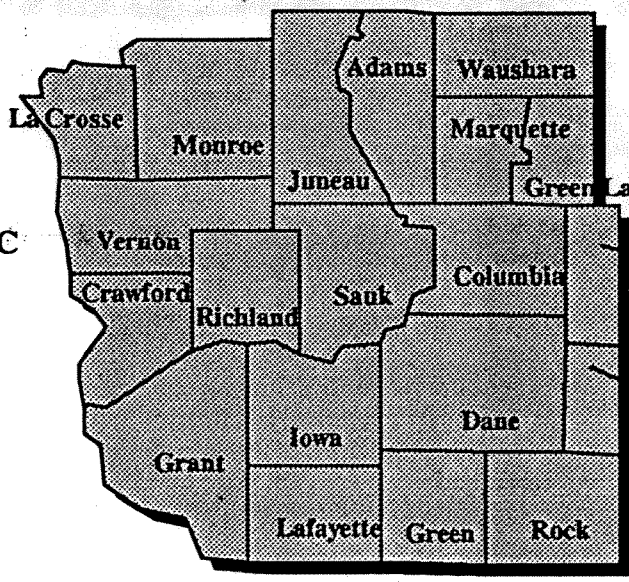
Thank you to all committee members for your attention to the health related needs of rural and underserved areas of Wisconsin.



Northern AHEC



Southwestern AHEC



Southeastern AHEC

**STATEWIDE WISCONSIN
AHEC AREAS**

WRITTEN TESTIMONY TO
THE JOINT COMMITTEE ON FINANCE
CONCERNING THE 1999-01 BUDGET
April 15, 1999

On behalf of the Wisconsin Public Health Association (WPHA), an organization representing over 350 public health professionals throughout this state, we ask that you reevaluate the budget recommendations of the Governor as it relates to the *tobacco settlement*. The Governor's proposal allocates less than 2% of tobacco settlement moneys to measures to keep our young people from taking up this deadly, addictive habit or to assist Wisconsin citizens who want to stop smoking.

We urge you to take a hard look at the Governor's proposal and the longer term health improvements and cost-savings that could accrue through more decisive commitment to smoking prevention and cessation programs. By committing so few dollars to anti-smoking initiatives, the Governor is asking the taxpayers of Wisconsin to continue to pay out \$200 million a year in Medicaid expenses to treat people with tobacco related illnesses. In addition, citizens will also continue to pay higher insurance rates and higher prices for products due to the high cost of illness care.

Anti-tobacco programs work. States such as California, Massachusetts and Florida have documented successes in reducing cigarette consumption and reduced smoking rates among their youth as results of strong legislative leadership and proper funding. This is a once-in-a-lifetime opportunity to make an historical impact on the public's health in Wisconsin. You will make a difference on the lives of our young people now and in the future by helping them say no to tobacco; you will reduce the costs of illness care and prevent premature deaths due to heart disease and cancer.

The tobacco settlement funds were intended to be spent to overcome *the #1 preventable health problem*: tobacco usage. The time to make a difference for our future is now.

WPHA supports the Trust campaign and the recently introduced bill of Senator Robson and Representative Urban to set aside a minimum of \$50 million annually to fund smoking prevention and cessation programs.

Barbara Theis
WPHA Board Member
Mauston, Wisconsin

Peggy Hintzman
WPHA, President-elect
Madison, Wisconsin



SKAALLEN SUNSET HOME, INC.

400 NORTH MORRIS STREET
STOUGHTON, WISCONSIN 53589

PHONE: (608) 873-5651

FAX: (608) 873-5748

April 15, 1999

Joint Committee on Finance
Wisconsin State Capitol
Madison, WI

Dear Members of the Joint Committee on Finance:

We are concerned that SB 45/AB 133, the biennial budget bill, does not provide adequate funding for nursing homes. The 1.7% rate increase proposed for FY 1999-2000 and the 1% rate increase proposed for FY 2000-01 falls far short of meeting our costs to serve Medicaid residents.

This year our skilled semi-private room rate is \$128 per day. Our reimbursement from Medicaid is \$100.46, which is only 78.5% of the fees for private pay residents. In 1995 our skilled semi-private room rate was \$105 and the Medicaid reimbursement was \$87.77, which was 83.6% of the fees for private pay residents. The disparity is going in the wrong direction! It is not ethically right for cost of caring for Medical Assistance residents to be passed on to the private pay residents, especially in increasing amounts. Our charges are set to only cover our costs.

We ask that you increase the reimbursement for nursing homes. As a minimum, we need at least a 3.3% increase for each year plus a 7% wage pass-through.

Our employees deserve to have their wages increased but we do not have the financial resources to do it unless we have increased reimbursement from Medicaid. It would be unfair to ask our private pay residents to pay for the full burden of increased cost of labor. If the cost of labor increased \$1 per resident per day and medical assistance would not cover that cost, the private pay rate would have to be increased \$2.50 to cover the total cost because 55% of our residents receive medical assistance funding. Only 38% of our resident days are paid on a private pay basis. 7% of our residents receive funding from Medicare.

Recruitment and retention of quality staff is very important to our residents, and the labor market dictates their wages must be increased. This matter is serious because too many of our employees are leaving to work for non-health care employers at wages greater than what we are able to pay, and, in many ways, much easier jobs. Our turnover rate is increasing (117% in 1998) and our retention rate is decreasing. They must be improved and increased wages is an essential part of the solution!

With 3 or less years of experience, our housekeeping and dietary workers start at \$6.87 per hour, for activity therapy assistants, \$7.42 per hour, for cooks \$7.82 per hour, for nursing assistants, \$7.88 per hour, and beauticians \$8.28 per hour. We have three levels of maintenance workers, \$6.87, \$7.88, or \$9.42. The start rate for LPNs is \$11.38 and RNs is \$15. A 7% increase for these workers from medical assistance funding would help to bring these wages to be more in line with the competitive marketplace.

At Skaalen we treat our Medical Assistance residents with the same dignity and respect as we do our private pay residents. If they come to Skaalen and live in a private room as a private pay resident, and after being here for some time they outlive their financial resources and must receive Medical Assistance benefits, we allow them to continue to stay in their private room. This is an extra cost of \$10 per day which we must absorb - as Medicaid does not pay for routine private room services. However, this policy does fit with our values of dignity and respect care for all of our residents.

A society can be judged on how they care for their elderly. It is good news that there are many more options of care for the elderly, such as assisted living and home care, but when they do come to the nursing home they are sicker and need more staff to care for them. Medicaid must recognize this, and well as the increased demand for labor and the dwindling supply, causing the cost of labor to increase. Please do not force us to discontinue being a Medicaid provider because too much of the burden is being passed on to the private pay residents. Our mission is to serve all people, regardless of pay source, but unless Medicaid reimbursement is improved, we may have no choice but to make such a drastic change.

Also, we are in opposition to statewide implementation of Family Care prior to the conclusion and thorough analysis of the pilot program. We expect the pilots will provide new information and facts that will share the realities of the program design.

On behalf of the residents we serve, we would like to thank you for your consideration of their needs. Our residents deserve to have quality and reliable staff caring for them.

Sincerely,



Mark Benson
Executive Director



Dean Nelson
Administrator

Colonial Club Senior Activity Center

Enhancing the quality of life through activities and services

April 15, 1999

Colonial Club, Inc.
301 Blankenheim Lane
Sun Prairie, Wisconsin
53590-2398

Telephone
608-837-4611
800-373-0783

Fax 608-837-9302

Greetings! My name is Barbara Bailey and I am the Executive Director of the Colonial Club Senior Center in Sun Prairie. My comments today are on behalf of all senior service providers (focal points) in Dane County and the Colonial Club. I have been a senior center director for fourteen years, first in Monroe Wisconsin and for the last three years, at the Colonial Club.

I am writing to you to express our grave concern about the future budget for older adult services in Wisconsin. We all know budgeted dollars have been decreasing while needs of the elderly become more critical and the number of frail elderly rises. Susan Crowley, the Director of Dane County Human and Family Services spoke at our Dane County Elderly Services Network meeting last week. We expected that she would tell us that our 2,000 - 2001 budget increase would not be large. However, her message was bleak - there is no increase in the governor's budget for older adult services and potentially there may be a cut of two to three million dollars. This is unacceptable!

Speaking for all senior service providers in Dane County, we are frustrated and discouraged by the lack of funding for the frail and isolated adults who need financial support in order to continue to live in their homes. Hospitals release people before they are prepared or able to care for themselves. Nursing home admissions focus on people who need skilled nursing care. The quality assisted living facilities have waiting lists or are unaffordable for most older adults. COP has a waiting list in Dane County of 1,696 persons.

I ask you to make this vulnerable population a priority. There is a great need for increased outreach funding. Outreach workers are the front line people who help seniors in need to find the financial assistance and resources in order for them to be well cared for and safe in their own homes. We urge you to increase funding to serve those on COP waiting lists and also to increase all elderly services dollars to affect at the very least an inflationary increase.

One comment on family care. We have a highly developed unique system of senior service providers in Dane County - the sixteen focal points. We are willing to fit into the new long term care redesign. We want the process to move forward and to incorporate as much as possible our current system. We believe strongly that it is working well to give the most senior adults the best service. We are pleased that our county shows a willingness to work with us to design the system down to our level.

Thank you. We would be glad to talk with you about this issue. On the reverse side you will find a list of the Dane County Focal points.



United Way
Participating Agency



Dane County Focal Points

East Madison/Monona Coalition: Deanna Duerst
Ph: 223-3100 Fax: 223-3102

North/Eastside Senior Coalition: Jim Stickle
Ph: 255-8875 Fax: 255-8508

South Madison Coalition: Kathleen Stoga
Ph: 251-8405 Fax: 251-9028

Westside Coalition: Suzanne Ballantyne
Ph: 238-7368 Fax: 238-1260

Belleville Senior Center: Evonne Koeppen
Ph: 424-6007 Fax: 424-3423

Northwest Dane Senior Outreach: Monica Walker
Ph: 767-3757 Fax: 767-3782

DeForest Area Senior Center: Linda Green
Ph: 846-9469 Fax: 846-6963

Fitchburg Senior Center: Sue Sheets
Ph: 275-7155 Fax: 288-3278

Outreach and Special Services: Ingrid Forgy
Ph: 838-7117 Fax: 838-3619

Middleton Senior Center: Jill Kranz
Ph: 831-2373 Fax: 827-1057

Southwest Dane Outreach/Nutrition: Lynn Forsbaug
Ph: 437-6902 Fax: 437-3190

Oregon Senior Center: Alison Koelsch
Ph: 835-7100/835-5801 Fax: 835-5625

Stoughton Senior Center: Dennis Ganshert
Ph: 873-8585 Fax: 873-8162

Colonial Club of Sun Prairie: Barbara Bailey
Ph: 837-4611 Fax: 837-9302

Verona Area Senior Center: Diane Lanaville
via U.S. Mail

Waunakee Senior Services: Ruth Quam
Ph: 849-8385 Fax: 849-8387

TO: Members, Joint Committee on Finance

FROM: Terry McGinnity, Administrator, Lodi Good Samaritan Center

DATE: April 15, 1999

SUBJECT: Nursing home wage pass-through

I respectfully ask the Committee to consider a Medicaid wage pass-through for nursing home employees. The Governor's budget as proposed will likely worsen an already near-desperate situation: high turnover rates and chronic staff shortages threaten the industry's ability to continue delivering quality care. Please consider the following:

1. Medicaid reimbursement is already significantly less than our incurred Medicaid costs. Self or private paying residents are forced into subsidizing the Medicaid deficit, often times hastening their addition to the Medicaid rolls.

1998 MEDICAID GAP

| | |
|---------------------|--|
| \$110.42 | Medicaid cost per patient per day (Medicare carve-out) |
| \$98.91 | Medicaid reimbursement per patient per day |
| <u>\$11.51</u> | <u>Medicaid gap per patient per day</u> |
| DEFICIT | 21,174 Medicaid patient days @ \$11.51 = \$243,713 |
| 1998 PRIVATE RATES: | \$142.05 per day (excludes pharmacy) |
| | (\$52,000 per year plus medications) |

2. The Governor's budget proposes a 1.77% Medicaid rate increase in the first year of the biennium and 1% in the second year. These increases will fall short of the cost inflation we are experiencing (4.98% in 1998). Factors contributing to our escalating costs include wage pressure, agency staff costs, and increased acuity levels of patients/residents. Resulting budget constraints make retaining staff difficult. Staff shortages have led to increasing reliance on expensive agency or "pool" help, and has demanded overtime hours from remaining staff.

(PLEASE TURN OVER)

3. The following provides an overview of our staff retention difficulties:

1998 TURNOVER RATE

| | |
|-------------------------------|------|
| Certified Nursing Assistants: | 41% |
| Licensed Practical Nurses | 44% |
| Registered Nurses | 8% |
| Laundry Staff | 67% |
| Housekeeping Staff | 17% |
| Cooks | 100% |
| Nursing, Clerical | 100% |

Agency staff expenses: \$59,260

Overtime expenses: \$64,342

4. The following is a brief description of our 1999 pay scale:

| Position | Starting Wage | Average Wage * | Range * |
|---------------|---------------|----------------|------------------|
| CNA | \$8.27 | \$9.59 | \$8.35 - \$11.54 |
| LPN | 11.11 | 13.82 | 11.11 - 15.51 |
| RN | 14.63 | 17.81 | 14.73 - 20.44 |
| Cook | 8.27 | 9.07 | 9.07 - 9.58 |
| Other Dietary | 6.60 | 7.80 | 6.78 - 9.64 |
| Housekeeping | 6.60 | 8.51 | 7.50 - 9.20 |

5. The following describes our recruitment difficulties:

| Position | Budgeted FTEs | Average # of Vacant FTE Positions | Average Length of Time to Fill |
|--------------|---------------|-----------------------------------|--------------------------------|
| CNA | 33.0 | 2.5 | 90 days |
| LPN | 6.5 | 1.5 | 180 days |
| RN | 10.0 | 0.5 | 60 days |
| Cook | 2.8 | 1.0 | 110 days |
| Housekeeping | 4.0 | 1.0 | 240 days |

* Includes higher wages chosen in lieu of benefits for many employees

**UNIVERSITY OF
WISCONSIN
MADISON**

April 15, 1999

Joint Finance Committee
C/o Senator Brian Burke
Representative John Guard
Room 316 South
State Capitol Building
Madison, Wisconsin 53708

*"For these are all our children; we will all profit or pay for whatever they become."
James Baldwin*

Dear Representative Guard, Senator Burke and Joint Finance Committee Members;

We are writing this letter of support in regard to Governor Thompson's proposed initiatives related to child care and early childhood education. First and foremost, we thank the governor for taking an active leadership role in the development of initiatives that will help support the children and families of Wisconsin. Ongoing initiatives, such as these proposed, will ensure that Wisconsin sets standards that other states can aspire to.

As a group of early childhood professionals, who between us have over 100 years of combined experience working with children and families, we have seen the field evolve. The current research on brain development and the importance of the early years in a child's development support the emphasis and importance placed on quality and educational experiences for our youngest. We know more than can assist us all in creating and supporting essential programs and services for young children. If we use the information well and make good decisions based on what we know, there's no question that Wisconsin will set the national standard in giving meaning to the rhetoric of valuing children and enabling their success. As one nine year old puts it, "Children should not have to be 'made ready' to learn...they ARE ready to learn!"

The six early childhood education centers located on the UW-Madison campus are charged with the mission of developing and teaching "best practices" to students who have chosen the early childhood profession. Collectively, we support the governor's initiatives because:

- They acknowledge that to have a full workforce, quality child care services, including sick child care, must be developed, maintained and be made accessible for working parents.
- Whereas W-2 families are no longer prevalent on campus, we see a strong focus on employer sponsored initiatives that will support all of Wisconsin's work force.
- We see a strong focus on the development of infant care services. Quality infant care is to date the highest unmet need in this community, with the highest "cost of quality" to those who purchase it. In 1998, there was a 35% increase in people seeking infant care through the county subsidy system, but within a tighter market. Since January 1998, 500

Office of Campus Childcare

child care slots within the region have been lost, with 300 of those in licensed or certified care. Recently, an 18-month-old child died as a result of being left with an inadequate caretaker. Had quality child care been available, this tragedy could have been prevented. ...But, we need help to create and maintain these programs for working parents.

--Training and education are essential for quality. We cannot and must not rely on a child care work force without suitable qualifications. If left on their own to purchase the training needed, the underpaid workforce in this field simply cannot afford it. Your support is needed to ensure that mandatory training and education is available and utilized.

--The proposed increases in child care licensing positions are essential in ensuring safe environments for children.

--Lowering the co-payment for low-income families is good practice. This will help ensure that families will have access to higher quality care. Given a lesser cost, but lower quality option for child care, many families would have no other choice than to opt for the service that is affordable, at the expense of their child(ren).

--The TEACH program begins to address the salary and worth wage issues that plague the early childhood field. Over the past three years, turnover in our campus centers has increased dramatically. The fact is that out teachers, who all hold four-year academic degrees minimally, are paid an average hourly rate of \$11.00. They all too often move to the public school system wherein their salaries increase by \$5,000 annually. The responsibilities are the same-- to provide quality early childhood education. Obviously, these moves impact quality and consistency for children and families while presenting inconsistency in the "value" of the service. The bottom line is that to retain quality teachers, salaries must be higher. We encourage tripling the proposed \$3.5 million in order to make TEACH available to all levels of early childhood professionals.

We fully support all proposed initiatives, in entirety. To fund less would compromise the effectiveness.

Thank you for the opportunity to meet with you. We absolutely believe that providing nurturing, stimulating and safe environments for our most vulnerable is non-negotiable for the process of ongoing learning and positive emotional development to occur. We understand that your decisions on budgeting for human needs are difficult. However, this is what great leaders do. They take on challenges and make them better. As a coalition of campus centers, we promise to work hard with you to implement these initiatives for the betterment of Wisconsin's children and families.

Sincerely,

Lynn Edlefson for all
Lynn Edlefson, Campus Child Care Coordinator
Debb Schaub, Director, Eagle's Wing
Joan Ershler, Director, Waisman Early Childhood Program
Amy Welk, Director, Bernie's Place
Jackie Leckwee, Director, Preschool Lab--Linden site
Lucinda Heimer, Director, Preschool Lab--Bethany site
Mary Ellen Post, Director, University Houses Preschool

April 15, 1999

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

State of Wisconsin



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

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

Council on Developmental Disabilities

Date: April 15, 1999

To: Rep. John Gard, Co-Chairperson
Sen. Brian Burke, Co-Chairperson
Joint Committee on Finance

From: Irma Gosselin, *Irma Gosselin*
Member
Wisconsin Council on Developmental Disabilities

Re: Selected Portions of the 1999-2001 State Biennial Budget

Thank you for the opportunity to speak today. I am Irma Gosselin, from Mukwonago, and I am representing the Wisconsin Council on Developmental Disabilities. I am addressing two issues today: special education for students with disabilities, and housing services for people with disabilities.

Special Education: The Council is very concerned about the proposed freeze in funding for Categorical Aids for the reimbursement of special education costs. Current state law obligates the state to reimburse 63% of the costs school districts incur to adequately and appropriately educate children who need special education. The state has not funded Categorical Aids at the 63% rate, however, since the 1984-85 school year. Other states reimburse an average of 50% of the costs of special education services.

People with disabilities need to be educated to the maximum extent in order to obtain and hold a job and live independently. School districts must provide special education services for the benefit of the children and society as a whole. At the same time, it is unfair to place the financial burden for these services upon school districts with less and less state support. Because of the revenue caps, local school districts are forced to make tough choices about where to reduce funding to support the educational needs of children with special education needs.

The Council strongly supports additional funding to raise the state reimbursement rate to 63% of the costs of special education services. The Council also supports retaining the statutory requirement that the state reimburse 63% of the costs for special education.

Housing Pilots: The Department of Health and Family Services had recommended to the Department of Administration the inclusion in the biennial budget of 6 housing resource pilots located around the state. The cost for the pilots over the biennium would total \$504,000 FED. While the pilots were underway, grant funds from the Department of Housing and Urban Development would be secured to fund the projects in the next 2001-2003 biennium.

Each pilot would provide housing consultation and assistance to low-income households with a member with a disability. The type of assistance provided would include advice on home

Rep. John Gard, Co-Chairperson
Sen. Brian Burke, Co-Chairperson
Joint Committee on Finance
April 15, 1999
Page 2

ownership and financing, and technical assistance on making homes accessible and barrier-free. Each pilot would cover a multi-county area.

The Council strongly supports establishing the housing pilots. Obtaining and owning housing in the community is a continual problem for people with developmental disabilities. Individuals need more information about resources, and assistance in matching these resources to their own circumstances and preferences. The cost of \$504,000 FED over the biennium is a minimal amount to help individuals live in the community.

Thank you for your consideration of this testimony.

Hello

My name is Amanda Runk and I also go to Port Washington High School. What I would like to add to what Liz has just said, is that without the referendum ⁿ_p none of the maintenance which is now being taken care of would have been available due to revenue caps.

At our High School, our Auditor was leaking and our roof in some areas was collapsing. Choir & Band students were being rained on during concerts. The repairs were needed long ago, however up until last year, there were no funds.

Also in the High School, our Chemistry & Biology labs are all being remodeled due to the referendum.

Currently some of the equipment is 20-30 years old, and are possible ~~to be~~ ^{hazardous} to health & safety ~~to be~~.

Our school, before the referendum was passed was also not up to the required standards for Handicap access. Handicapped students were unable to attend classes on the 3rd floor.

due to the lack of elevator & ramp
~~access~~ availability. Now ~~at~~ finally,
after lacking behind so many
schools for so long, ~~that's standard~~ ^{because of the referendum},
~~because of the passing of a referendum~~,
our school as well as the 4 others
in our district will be code standard
handicapp accessible

As another example, an elementary
school in our district has been and is
currently using their gymnasium
as a cafeteria. Due to the referendum,
the school's gymnasium & cafeteria
will have separate settings. ^{for the first time} next year

These are just a few examples
of how revenue caps have hindered
the maintenance & upgrade of our
school district. ^{schools} ~~we~~ shouldn't have to
~~rely~~ rely on a referendum like
Port Washington High School or cutting
of school sponsored programs ^{like so many} just ^{other} schools
to fix a leaky roof.

EARLY CHILDHOOD PROGRAMS OF EXCELLENCE

What is the ideal environment we adults can create for children living in Wisconsin who are aged three to five years old? Why do we need to do more for them than is already being done? Who will be responsible for carrying out this vision?

The ideal environment for early learners will provide for exploration, language stimulation, exercise, space and superior teachers. Children learn through "hands-on" exploration of materials, games, toys or found objects. Contrary to computer game manufacturers' claims, children need to touch, to drop, to mesh, to pull apart, to attach, to copy, to manipulate and they need to do it over and over again in order to truly comprehend such concepts as heavy, square, round, light, sticky, hard, soft, pointed, slick, rough, triangle, back, front, corner, and so on. The ideal environment, in addition to providing for exploration, must provide windows which provide natural light. Besides being healthier for growing brains than fluorescent light, natural light can be a source of science instruction. Tiny seedlings will grow in window sills. Weather phenomena can be observed and discussed. Windows are essential. An ideal environment will offer a multitude of surfaces. For cozy circle times, a carpet is a must. For messy art and exploratory work, a scrubbable vinyl floor surface is necessary. For quiet times, soft cushions relax little bodies. For private times, a loft to climb to is great. For riding and running, an large unencumbered space is required. Finally, an ideal environment will extend outdoors. A variety of climbing and swinging equipment is a must. Wood chips piled beneath provides a soft cushion to tumble onto. Sizable grassy areas provide runners a chance to let loose. A small area in which to garden and search for creatures can present innumerable science lessons. Clearly, an ordinary classroom within an elementary school is unable to provide these requirements and presents as a poor substitute. Yet, in most school districts, the neediest of the 0 to 5 year- old population, those students with developmental delays are placed in classrooms or church basements built for older students. The rest of the 0 - 4 year- old population experience a variety of settings from small homes to home day care or franchised day care centers, few of which provide the ideal learning environment. How could they? They are not designed primarily for learning, but for care-giving.

Language stimulation is more necessary now than it was even one generation ago. More children have working parents who are too busy to think out loud in front of growing children. The number of speech and language referrals for therapy in the public schools is sky rocketing. Television does NOT teach a child how to communicate effectively. Computers certainly do not either. Busy day care givers do not have time to ask children to articulate or to repeat their phrases in correct syntax. An ideal environment for early learners should have a speech therapist on staff who will mix speech delayed students with regularly developing talking peers as frequently as several times during each school day. Older students should be carefully mixed in with younger ones to also generate language. Staff must be adequate in number and in training to promote age-appropriate language levels for all students; the at-risk children, the normal children and the developmentally delayed.

Growing children need exercise. Movement is the foundation of all learning. A growing number of early childhood educators realize the valuable effect movement has on a child's ability to learn, to concentrate and to function in society. Our governor has read the newest literature on developing brains, too. He is aware of the needs. Once again, busy parents aren't able to provide the movement diet necessary for neural transmissions to fully develop in the brains of their children. Some children will seek the swinging, hanging upside down, wheelbarrow walking and jumping that they need. Some children only need the "normal" amount of activity parents can provide. Many children need more. They need daily, structured movement to insure that they don't become too restless in grade school. Attention deficit-type behaviors may result from lack of daily large body movement. Socially unacceptable behaviors also arise from lack of desensitizing movement lessons. Years ago, farm children got all the movement their bodies required. Suburban and city children, sitting in front of a monitor or sitting on a bench waiting a turn to swing at a ball or do their front roll up do not receive this sensory diet of necessary movement. Specially trained occupational therapists can work with early childhood teachers to provide a large preschool population with appropriate movement and sensory integration.

Cognitive instruction can be given across many settings. Instructional games provide children with the materials to explore and learn from mistakes. Computer games teach vocabulary and also reinforce correct answers. One-on-one instruction is very valuable. The best early learning center would provide children with all three means of learning: self-correcting games and materials, computer games and teachers with experience and knowledge of all the channels through which young children acquire information, store that information and generalize it to think abstractly.

The most ideal learning center only has the students for a few hours a day. The remainder of a student's day is still spent with busy parents or day care providers. We are finding more and more parents are not as proficient at parenting as they are at their jobs or hobbies. High schools offer a parenting course which probably instructs 1/20th of a graduating class of seniors. An early learning center must provide parents with resources to read, educational games to borrow and support groups to attend. Parenting classes should be offered each semester, one during the day where parents can interact with their children and simultaneously receive professional pointers. Another class should be offered at night with baby sitting provided. There is more information available now on how developing brains can best be nourished and stimulated. Grandparents can't offer this kind of support or advice because it wasn't known in their day. The early learning center must take the place of neighborhood coffee groups, family gatherings and other settings where young parents used to acquire answers to parenting dilemmas.

Early childhood teachers have limited opportunities to broadcast this kind of information. Fortunately, our governor, Tommy Thompson, has become aware of these very critical pieces of the puzzle of how to raise whole, independent, critically thinking and caring students. These students will be Wisconsin's future. Our hope is that law makers, perhaps in partnership with businesses, can see the way to providing the youngest citizens of the state with the brightest futures.

Submitted by: Doris D. Kimball, Early Childhood Teacher, SWD
P.O. Box 130, Wales, Wisconsin, 53183

Policy Group on Welfare Reform
A Coalition of Religious Groups, Direct Service Providers and Non-Profit Organizations

310 North Pinckney Street, Madison, Wisconsin 53703

Telephone: (608)251-4834

1999 W-2 LEGISLATIVE ISSUES

After a year of operation, it has become apparent that W-2 must be changed if we are to succeed as a state in moving people out of poverty and into the work force. The Policy Group recommends that the legislature make the following changes:

1. Expand education and training opportunities and support to enable families to escape poverty and become self-sufficient.

- a. Allow those who lack basic skills, English language skills, and high school degrees, to concentrate on mastering those skills and obtaining degrees by being assigned up to 30 hours per week for education and training. Stipulate that any work assignments may not be allowed to interfere with their progress toward achieving these goals.
- b. Provide that W-2 participants may pursue post-secondary training likely to lead to improved employment opportunities as long as they participate in up to 20 hours of subsidized or unsubsidized work activities, remain in good standing, and make reasonable progress.
- c. Provide for child care eligibility for non-W-2 parents in education and training programs without a work requirement if they meet financial requirements, are in good standing, and are in a program likely to lead to employment.

2. Provide better income support for families of marginal workers to prevent destitution of children.

- a. Pay benefits to all applicants who meet eligibility requirements, deemed "job ready" or not, within 30 days. Those required to do an up-front job search should be placed in a W2 work activity after 30 days, if they remain unemployed, and receive W-2 benefit payments for the month of job search.
- b. Require agencies to place low-income, part-time workers in W-2 work or training positions and provide pro-rated W-2 benefits.

3. Provide accountability and fairness in the system by restoring fair hearings and continuing benefits and providing a mechanism for participants to evaluate the program.

4. Improve access to W-2 and assessment of participants to make sure that low-income families are provided help when they most need it and are provided the kind of support they need to become self-sufficient.

- a. Provide mandatory training for all W-2 agency employees in dealing with special populations, including those with issues of domestic violence, homelessness, language and cultural barriers to employment and self-sufficiency, learning disabilities, AODA or other mental health problems.
- b. Require DWD to promulgate rules setting standards for individualized assessments and improved services for the above populations, including counseling, legal services, transitional and subsidized housing, child care, and instructions for using available public transportation.
- c. Require DWD to promulgate rules setting standards for intake and review procedures, access to emergency assistance and expedited food stamps, telephone access to agency workers, the right to be accompanied at interviews.
- d. Provide rules that also cover timely access to county workers for those applying for food stamps, child care or medical assistance without applying for W-2 benefits.

5. Improve the quality of child care, and make it more affordable and accessible in order to ensure healthy children and more successful workers.

- a. Remove the requirement for co-payments for families with incomes below the federal poverty level, for foster parents and for those providing kinship care and reduce maximum co-payments to 10% of income.
- b. Increase eligibility limits for child care to 225 % of the federal poverty level.
- c. Restore the training requirement for all certified providers and increase the minimum training in child development.
- d. Expand eligibility for in-home child care for second and third shift workers and sick children, regardless of the availability of out-of-home care.

6. Improve transportation support to all low-wage workers, including public transportation, voucher systems and help with buying cars, reinstating licenses and obtaining occupational licenses.

7. Ensure adequate support for families with adults or children with disabilities or other significant barriers to work so that the basic needs of children are provided for while parents who are able to do so are helped to become self-sufficient.

- a. Increase the C-Supp benefit to \$250 for the first child and \$150 for each additional child of SSI parents.
- b. Extend eligibility for C-Supp benefits to children of minor children of SSI parents.
- c. Define as a W-2 work activity the care of a child with special needs or the care of a disabled member of the participant's immediate family.
- d. Extend eligibility for child care services to 13 to 18 year old children with special needs.
- e. Increase the benefit level for W-2T placements to equal the CSJ benefit.
- f. Provide for eligibility for W-2 services (except for cash benefits) for SSI parents.
- g. Eliminate the 2-year time limit for W-2 T placements.

8. Support healthier babies by providing cash assistance to pregnant women and reducing work requirements for mothers of infants.

- a. Exempt parents of infants from work activities, except on a volunteer basis, for the first 12 months and provide voluntary parenting and mentoring support services.
- b. Extend eligibility for W-2 work program placements to women in their last trimester of pregnancy, even if they have no other children.

9. Expand eligibility for W-2 work programs to non-custodial parents.

10. Provide special attention to teen parents to set them on the road to self-sufficiency at the earliest possible time.

- a. Allow parents who are still eligible to attend high school to do so without any additional work requirement.
- b. Exempt parents attending high school from child care co-payments while they are attending school.
- c. Allow minor parents to apply for child care assistance on their own when a parent or guardian is unable or unwilling to do so.

11. Expand eligibility for emergency assistance to those facing evictions, and make such assistance available to this new group as well as those who are homeless once every 12 months.

These proposals are supported by the following organizations:

*Wisconsin Council on Children and Families
Grandparents United for Children's Rights, Inc.
Wisconsin Women's Network Child Care Task Forces
Lutheran Office For Public Policy in Wisconsin
Churchwomen United
League of Women Voters of Wisconsin
Family Enhancement
YWCA - Madison
YWCA - Green Bay
Western Dairyland Equal Opportunities Commission
National Association of Social Workers, Wisconsin Chapter
Wisconsin Coalition Against Domestic Violence
Community Coordinated Child Care, Inc. (4 C's)
Madison Urban Ministry Justice Issues Task Force
Wisconsin Women's Network Economic Security Task Force*

**WISCONSIN MEDICAL ASSISTANCE PERSONAL CARE (MAPC) SERVICES
FACT SHEET**

WHAT REIMBURSEMENT RATE HAS BEEN PAID BY THE WISCONSIN MAPC PROGRAM TO PROVIDERS SINCE THE INCEPTION OF THIS PROGRAM?

| | | |
|--------------|---|---------------------------|
| JULY 1, 1988 | \$9.00 Per Hr. PCW | \$38.72/Supervisory Visit |
| JULY 1, 1989 | \$9.33 Per Hr. PCW (4% increase from 1988) | \$38.72/Supervisory Visit |
| JULY 1, 1990 | \$11.05 Per Hr. PCW (18% increase from 1989) | \$38.72/Supervisory Visit |
| JULY 1, 1997 | \$11.27 Per Hr. PCW (2% increase from 1990) | \$39.49/Supervisory Visit |
| JULY 1, 1998 | \$11.50 Per Hr. PCW (2% increase from 1997) | \$40.28/Supervisory Visit |

WHAT ARE OTHER STATES CURRENTLY PAYING FOR MAPC SERVICES?

- ILLINOIS \$41.45 PER VISIT
- INDIANA \$14.70 PER HOUR
- MICHIGAN \$12 - 13.00 PER HOUR
- MINNESOTA \$12.36 PER HOUR
- MISSOURI \$15.50 PER HOUR (in 1996)

WHAT ARE THE REASONS WHY THE NUMBER OF INDIVIDUALS RECEIVING MAPC SERVICES HAS NOT SUBSTANTIALLY INCREASED BUT THE UNITS OF SERVICES ARE INCREASING?

If this is indeed true as the State of Wisconsin reports, although we have not seen statistics to support this theory, the following are all reasons for the increase in MAPC units of service:

- The population of MAPC consumers is aging and needing more service. The MAPC population of recipients is chronically ill, getting older and sicker as the disability progresses.
- Consumers are referring themselves directly to MAPC agencies. They have already been in the system.
- The Balanced Budget Act of 1997 will see more consumers utilizing MAPC

- services/cost shifting as Medicare pays for less and less.
- The changes in the MA PC regulations from 1992 at which time more and more home health aide hours were "bumped" down into the MAPC category.
- Natural support systems are aging, gone, dying.
- Some counties have such high waiting lists for county services, MAPC services have been maximized.
- Counties have expanded MAPC services and to Group Homes and CBRF's the last couple of years. Most of these individuals have already been in the Medical Assistance system.
- Most counties have always encouraged full utilization of MAPC services involvement to maximize MA card usage.
- The move towards cost containment by counties have cost shifted waiver costs to MA card costs.
- Agencies and counties have attempted to maximize the use of family members to provide increased services needed to existing cases. Agencies have difficulty opening new cases due to serious staff shortages in all parts of the state.

WHY IS THERE A DESPARATE NEED FOR A RATE CHANGE IN THE MEDICAL ASSISTANCE PERSONAL CARE RATES?

1. Home Health agencies, Personal Care agencies, County agencies currently have costs on the average which are higher than the MAPC reimbursement rate of \$11.50/hr.(costs to provide services on average range from \$13.96 to \$16.40/hr).
2. There have been home health agencies who have discontinued their MAPC programs or will take no new MAPC referrals making it difficult for consumers to receive services.
3. Low unemployment rates throughout the state are causing serious personal care worker staff shortages and higher wages and more comprehensive benefits are needed in order for agencies providing personal care services to stay competitive in this labor market.

Prepared by: Jean Rumachik
 Legislative Chairperson
 Wisconsin Personal Services Alternatives, Inc. (WPSA)
 9/30/98

**MEDICAL ASSISTANCE PERSONAL CARE
REIMBURSEMENT INCREASE
TESTIMONY**

**By
Bob Deist
4/15/99**

My name is Bob Deist. As Director of Medical Assistance Personal Care Services at Community Living Alliance and as a past president of Wisconsin Personal Services Alternatives (WPSA), I am speaking in favor of a \$4.00 per hour increase in the Medical Assistance Personal Care reimbursement rate. WPSA represents the MA personal care only providers throughout Wisconsin. Currently 65 counties and 2 independent living centers are certified as MA Personal Care providers. I'm sure all of you know that currently thousands of adults with disabilities are on waiting lists for COP or waiver funding. The reason so many counties have become providers is that the MA Personal Care benefit is the only community funding readily available to serve adults and children with disabilities. To present, admissions to nursing homes or other institutions, MA Personal Care is the only immediate alternative. In addition to waiting lists, counties have had to replace home health agencies that did provide personal care but terminated their programs due to the low reimbursement rate.

The current reimbursement rate of \$11.50/hour prohibits personal care providers from competing with the private sector for wages. Throughout Wisconsin, the industrial, retail and fast food private sectors are offering higher wages than MA Personal Care. As of today, CLA's Medical Assistance Personal Care Program that serves 95 consumers with significant disabilities has 53 vacant shifts. Since the program began in July 1988, the MA reimbursement rate has only increased by \$2.50/hour. From 1990 to 1997, there were no rate increases at all.

With the low unemployment rate MA Personal Care providers are struggling to recruit for and retain their personal care workers. WPSA in conjunction with an initiative by counties, are asking for a \$4.00/hour pass through wage rate increase that will elevate wages to a "living wage" and the ability of providers to offer health insurance and other benefits. It is only with such an increase, that we will be able to successfully compete in the labor market.

WPSA recognizes that tax relief is a priority for this budget, but we believe that this wage increase will reduce the need for higher institutional costs and therefore reduce the MA budget overall. In keeping with Governor Thompson's Family

Care goals to divert thousands of adults from nursing homes, the ability to recruit and retain community workers is essential. This wage increase will continue this diversion and build the workforce while the legislature debates the implantation of Family Care.

Thank you for your time. I am available for questions. I would like to submit data to support the increase with my speech.

Bob Deist

MAPC Director of Personal Care Services

Community Living Alliance

1310 Mendota Street

Madison, WI 53714

(608) 242-8335 ext. 113