

**SENATE HEARING SLIP**

(Please Print Plainly)

DATE: 1/23/02

BILL NO. SB 289

OR  
SUBJECT Develop. Disabilities Services

Michael Steinhauer  
(NAME)

600 Williamson Street  
(Street Address or Route Number)

Madison WI 53703  
(City and Zip Code)

Wis. Occupational Therapy Assn  
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:   
but not speaking:  
w/objection per P.D. Council  
Registering Against:   
but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms  
State Capitol - B35 South  
P.O.Box 7882  
Madison, WI 53707-7882

**SENATE HEARING SLIP**

(Please Print Plainly)

DATE: 1-23-02

BILL NO. SB 289

OR  
SUBJECT \_\_\_\_\_

Jim Hoegemeier (Häe-meier)  
(NAME)

1006 Castle Dr.  
(Street Address or Route Number)

Sun Prairie WI 53590  
(City and Zip Code)

The Arc-Wisconsin Association  
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:   
but not speaking:  
Registering Against:   
but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South  
P.O.Box 7882  
Madison, WI 53707-7882

**SENATE HEARING SLIP**

(Please Print Plainly)

DATE: 1/23/02

BILL NO. SB 289

OR  
SUBJECT \_\_\_\_\_

Jennifer Ondrejka  
(NAME)

8418 Blackwolf Dr.  
(Street Address or Route Number)

Madison, WI 53717  
(City and Zip Code)

Wis. Council on DD  
(Representing)

Speaking in Favor:   
with  
one exception

Speaking Against:

Registering in Favor:   
but not speaking:

Registering Against:   
but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

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Madison, WI 53707-7882

SB 289

**SENATE HEARING SLIP**

(Please Print Plainly)

DATE: Jan 23 2002  
BILL NO. SB 289  
OR  
SUBJECT (and SB 231)

FRANCES DICKNELL  
(NAME)  
9 BEACH ST  
(Street Address or Route Number)

MADISON 53705  
(City and Zip Code)  
Autism Soc. of WI  
(Representing)

Speaking in Favor:

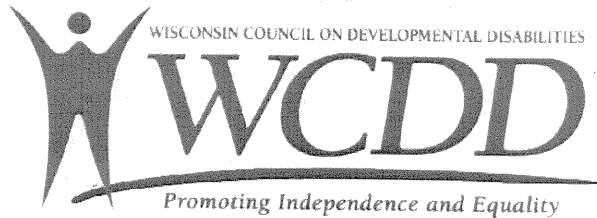
Speaking Against:

Registering in Favor:   
*written testimony*  
but not speaking:

Registering Against:   
but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South  
P.O. Box 7882  
Madison, WI 53707-7882



Date: January 23, 2002

To: Sen. Judy Robson, Chairperson  
Committee on Human Services and Aging

From: Jennifer Ondrejka, Executive Director,  
for the Wisconsin Council on Developmental Disabilities

Re: SB 289: regarding developmental disabilities services

Sen Robson:  
I'm sorry I had to leave,  
but I need to get to the  
Council meetings.  
Jennifer Ondrejka

The Council appreciates the hard work done by the Study Committee on Developmental Disabilities and the Legislative Council to produce this legislation. The Council passed a motion in November 2001 strongly in support of SB 289, except for the provision adding legislative members to the Council.

#### Council Membership:

The Council has a dilemma about adding the four legislative members and went through a lengthy debate about this provision. The Council appreciates the Legislative Council's intent to bring developmental disability issues to the forefront and to strengthen collaboration between the Legislature and the Council on Developmental Disabilities. Unfortunately, adding four legislative members would result in substantial logistical and financial problems for the Council.

Federal law requires that at least 60% of the membership of the Council must consist of "consumers", i.e., individuals with developmental disabilities or their immediate family or guardians. In addition, one-third of the 60% must be individuals with developmental disabilities, one-third must be family members or guardians, and one-third may fall into either category.

Federal law also requires members who represent state entities that administer federal developmental disability funds (DHFS, DWD, DPI); the University Center for Excellence in Developmental Disabilities Education, Research, and Services (the Waisman Center); the state protection and advocacy system (Wisconsin Coalition for Advocacy); providers of public DD services, private non-profit providers, and non-governmental agencies concerned with services for individuals with developmental disabilities.

There are currently five vacancies for consumers on the Council. Once these are filled, the Council will have 30 members. If four members from the Legislature were mandated, the Council would need to add six more consumers to come into compliance with federal law, bringing our total membership to 40. This would present tremendous logistical difficulties in planning and conducting meetings.

In addition, we estimate that adding ten members would increase annual meeting costs by \$10,000 - \$12,000. The Council meets six times per year for two days at a time. Consumers with developmental disabilities often have much greater travel costs than other members because of the need for wheelchair accessible vans, personal assistants, etc. In recent years, the cost of travel and lodging for Council meetings has averaged just over \$1000 per member. With the recent increase in approved travel rates, we expect that this will increase to \$1200 per member.

The Council would welcome the opportunity to work with legislators and their staff to develop methods to promote greater collaboration without the addition of legislative members.

Waiting List Report:

The legislation requires the Council to submit an annual report to the legislature regarding the Department of Health and Family Services' waiting list data. The Council is not opposed to this requirement; however, other than in COP and the Family Support Program, the Council is not aware of comprehensive DD waiting list data collected by the Department and would be unable to meet the spirit of the legislation. The Council is willing to provide assistance to the Department on developing a system to gather data and to report on the data once it is gathered. A possible amendment to SB 289 may be to set a timeline for when the Department's waiting list data collection system is operational.

Children's Long-Term Care Redesign:

The Council funded the work group that developed the redesign proposal. Parents, advocates, department staff and service providers spent countless hours developing a long term care system which meets the needs of children and is more efficient and easier to manage for both families and administrators. The Council was disappointed by the lack of additional funding in the biennial budget for a pilot of the redesigned system; however, the seeking of waivers to conduct a pilot and providing transitional services are important first steps to achieving a redesigned system. The Council strongly supports these provisions.

Consolidating Funding of Developmental Disabilities Services:

The Council strongly supports consolidating funding for community services and institutional services. Pooling these resources would eliminate the "institutional bias" which provides more money for people to stay in institutions than they could receive for community services. People should have the same access to funding and services in their own homes as they currently have to live in institutions.

Thank you for your consideration of this testimony. In closing, I wish to again thank the members of the Study Committee and Legislative Council for their hard work and dedication to people with developmental disabilities.

**AUTISM SOCIETY OF WISCONSIN**  
**103 College Avenue #709**  
**Appleton Wisconsin 54911**

Public Hearing – January 23, 2002

Senator Judy Robson, Chair, and Members of the Senate Committee on Human Services and Aging:

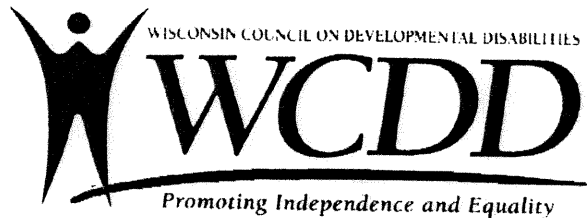
Members of the Board of Directors of the Autism Society of Wisconsin seek your support for improved services for children and adults with autism and other disabilities. Most of the provisions of SB 289 will improve services. We seek your support for the provision that will set up a pilot program for children needing long term care. We also support the requirement that the department develop a plan to administer and fund long term care services for those who have developmental disabilities. Many children and adults are now on waiting lists and there are serious workforce problems that affect the quality of services for those who are now receiving long term care. Low wages and benefits cause excessive staff turnover and high vacancy rates placing increased pressure on the many dedicated workers in the community services system.

The proposal to add legislators to the Wisconsin Council on Developmental Disabilities is a worthy idea in the abstract. However, the addition of four new positions would increase the required number of consumer members and greatly increase the cost of operating the Council. The annual report to the legislature would be one way to increase information to the elected officials and, of course, legislators would always be welcome as guests at Council meetings. We oppose that particular section of SB 289.

We also hope that you will approve SB 231 and send the bill on to the full Senate for action. It is imperative to examine the use of the three state Centers for Developmental Disabilities. The creation of a Task Force is the logical way to look at the issues. The numbers of residents are much lower than at the peak of use. Many individuals have made a successful transition to living in their home communities. There may be a need to keep one Center open to serve the needs of a relatively few individuals. Any changes should be well planned and not merely evolve. It is also important to have a plan on how the future of the Centers relates to the Olmstead decision and the plans that are required by the federal government. In addition, we are offended that Northern and Southern Centers now share their premises with penal institutions.

Thank you for your consideration of our positions on SB 289 and SB 231.

Frances Bicknell, Legislative Chair - ASW



Date: January 23, 2002

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Committee on Human Services and Aging

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for the Wisconsin Council on Developmental Disabilities

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Thank you for your consideration of this testimony. In closing, I wish to again thank the members of the Study Committee and Legislative Council for their hard work and dedication to people with developmental disabilities.



State of Wisconsin  
**Department of Health and Family Services**

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Scott McCallum, Governor  
Phyllis J. Dubé, Secretary

To: Members of the Senate Human Services and Aging Committee

From: Gary Radloff, Legislative Liaison  
Department of Health and Family Services

Re: Senate Bill 289 related to Children's Long-Term Support (CLTS) Redesign.

Senate Bill 289 would require the Department of Health and Family Services to develop a plan to administer and fund services for person with developmental disabilities. This analysis outlines some of the potential costs of the proposed programmatic changes in SB 289 if fully implemented.

The first provision of this statutory language is to add children to Medicaid eligibility. Wisconsin already has a significant number of children with severe disabilities eligible for Medicaid, through a variety of programs such as Social Security Disability, the Katie Beckett special Medicaid eligibility criteria, Healthy Start and Badger Care. However, this proposal appears to include children with severe health impairments who are not currently eligible. These are children whose function is within normal limits for their age groups but who require expensive medication or treatment routines to maintain their health and function. Examples of conditions that this group of children may have include hemophilia, cystic fibrosis, cancer in remission, metabolic disorders, children who have had successful organ transplants, and other similar conditions. Clearly this is a group of children and families who could benefit from Medicaid eligibility, however, such coverage will not be cost neutral. **Once an eligible group is added to Medicaid eligibility either through the Katie Beckett Program or other Health Care Financing Programs, such as BadgerCare, their eligibility is entitlement and cannot be limited by available resources.** A conservative estimate is that 500 children would meet these criteria at an annual cost of at least \$26,000 and perhaps as much as \$32,000 per child. This would require approximately \$5.5 million in state GPR to match federal funds for services needed by these children.

The second provision that Medicaid services should be expanded to "include services focused on the needs of children with developmental disabilities and their families." The CLTS Redesign committee has described improved coordination of services and flexibility between the children's home and community based waiver, that will be submitted to the Centers for Medicaid and Medicare Services (CMS), and Medicaid fee-for-services under the State Medicaid Plan. This option would be cost neutral. However, this statutory language describes expansion of State Plan services, which would have a potentially significant cost. This cost is amplified by the fact that the expanded benefit could not be limited to children with long-term care needs as a State Plan amendment, the services must be available to all Medicaid eligibles. "Services focused on the needs of children with developmental disabilities and their families" could involve expanding MA services to include personal care services provided outside the individual's home and personal care services for instrumental activities of daily living. It is estimated that if MA services were expanded this way, the annual cost would be a minimum of \$62,320,00 AF (\$25,707,000 GPR) per year.





State of Wisconsin  
**Department of Health and Family Services**

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Scott McCallum, Governor  
Phyllis J. Dubé, Secretary

Additional services such as pediatric medical care, could be added as well, which would further increase the cost.

The provisions of this statutory language that the state submit a home and community based waiver application and related statutory changes as soon as possible before July 1, 2002 are also problematic. Although DHFS has completed most of the background work for a home and community-based waiver, key aspects: such as cost neutrality, a computerized functional screen and a comprehensive quality assurance plan, must still be finalized. This makes June 2002 as the likely date for submission of the waiver. The Centers for Medicaid and Medicare Services (CMS) then has up to 90 days to review, modify and approve or deny the waiver application. Therefore it will be the end of 2002 before all necessary statutory language changes would be requested.

Finally, the provision of transitional services was intended to be transition planning and case management services to assure smooth transitions for youth between all aspects of the children's and adults services systems, including Department of Public Instruction, Division of Vocational Rehabilitation and community programs for adults. This is quite different than the obligation to provide "transitional services". This language could shift the cost of education services related to career planning and skills acquisition, as well as community job training and secondary education from other responsible agencies to DHFS.

The Department of Health and Family Services is willing to meet with committee members to discuss further these proposals and the cost to the state.