

1993-94 SESSION
COMMITTEE HEARING
RECORDS

Committee Name:

Joint Committee on
Finance (JC-Fi)

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- 05hrAC-EdR_RCP_pt01a
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➤ Appointments ... Appt

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➤ Hearing Records ... HR

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➤ Miscellaneous ... Misc

➤ 93hrJC-Fi_Misc_pt68

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Tommy G. Thompson
Governor
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State of Wisconsin Department of Health and Social Services

December 31, 1992

The Honorable Gary George, Co-Chair
Joint Committee on Finance
Room 119 South, State Capitol
Madison, WI 53702

Dear Senator George:

At the December, 1991 meeting of the Joint Committee on Finance, the Department was directed to submit a report to the Governor and the Committee by January 1, 1993 that evaluates the costs and feasibility of: (1) increasing the CIP 1A rates or modifying the CIP 1A program as a means of reducing populations and costs at the Centers; (2) providing additional on-site and off-site vocational opportunities for residents at each of the Centers; (3) reviewing existing space at each of the Centers for possible conversion to active treatment programming; and (4) closing one or more of the Centers.

As you know, the Department has been working on plans to reduce the populations at the three Centers for the Developmentally Disabled, which will address part (1) of the report. We have worked with a number of organizations that have an interest in this issue. Included in these organizations are the affected unions, the Council on Developmental Disabilities, parent, guardian and advocacy groups, and county organizations.

In the Department's 1993-95 biennial budget, we have proposed to reduce the populations of the three Centers from their anticipated July 1, 1993 population of 1,497 to 1,097 by July 1, 1995. This plan represents what we believe is best for the residents of the Centers. It is not, however, a plan that we expect will be endorsed by all affected parties.

The description of how this plan will be accomplished is attached. Also attached is the information of the review of vocational opportunities and space for active treatment (parts (2) and (3) of the report).

The Department does not have a plan to close any of the three Centers. The physical size of our current facilities will not allow us to consolidate the residents of three Centers into two. There are not sufficient living quarters and program space at any two Centers for 1,500 residents. In addition, the physical proximity of the resident to their family is an issue that must be

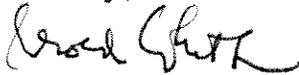
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The Honorable Gary George, Co-Chair
December 31, 1992
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considered when determining an institutional or community placement. Our goal over the next biennium is not to close an institution, but rather to place in the community an additional 400 residents.

In addition, the Department was required to report the results of a survey of each county to determine how many more CIP 1A placements would likely be made if the Legislature provided increases to the CIP 1A rate in the future. A copy of that survey is attached.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gerald Whitburn".

Gerald Whitburn
Secretary

REPORT TO THE GOVERNOR AND THE JOINT COMMITTEE ON FINANCE
REGARDING THE CENTERS FOR THE DEVELOPMENTALLY DISABLED

(1) DHSS Budget Proposal on Deinstitutionalization of the DD Centers

The Department proposes to place 400 residents from the Centers for the Developmentally Disabled into community settings during the 1993-95 biennium by making enhancements to the Community Integration Program (CIP 1A). The CIP 1A program is a home and community based waiver under Medical Assistance. The program provides funding for relocation of Center residents into a community placement by allowing services to continue to be paid through Medical Assistance. The program has been in operation since October 1983.

From FY 1983 through FY 1992, 500 residents were placed through the CIP 1A program. It is estimated that number will grow to 570 by July 1, 1993. The CIP 1A rate, effective July 1, 1992, is \$90 per day for each CIP 1A placement.

This proposal accelerates the Department's goal of securing community placements and appropriate services under CIP 1A for residents of the Centers from the currently projected rate of 70 per year to 100 placements in FY 1994 and 300 in FY 1995.

The proposal includes the following components:

1. Funding for existing CIP 1A placements (estimated at 570 on July 1, 1993) will be increased to reflect the average reported cost of serving these clients in the community. Effective July 1, 1993, the CIP 1A rate will be increased to \$95.11. Additional increases of 3% will be provided on January 1, 1994 and January 1, 1995 to bring the rates to \$97.96 and \$100.90 respectively. The cost of this increase is \$537,600 GPR and \$822,000 PRF in FY 1994 and \$778,400 GPR and \$1,183,400 PRF in FY 1995.
2. 400 residents will be placed in the community between July 1, 1993 and July 1, 1995 with the average CIP 1A rate for these placements increasing to \$106 per day for the first 100 residents placed from July 1, 1993 through December 31, 1993. The CIP 1A rate will be increased to \$109.18 per day on January 1, 1994 for those 100 residents plus the next 300 residents placed. The increase is due to higher costs related to these hard-to-care-for residents. An additional 3% increase in the CIP 1A rate is also provided on January 1, 1995 to bring the CIP 1A rate to \$112.45 for these 400 placements. Additional SSI funding is being estimated in the amount of \$6.43 per day for the state share. These funds are used for expenses such as rent, utilities, and other items not covered by CIP 1A. The cost of these changes is \$768,200 GPR and \$1,019,400 PRF in FY 1994 and \$4,220,700 GPR and \$5,604,300 PRF in FY 1995.
3. Four state operated, small ICFs/MR will be developed on a pilot basis to provide 6-bed homes directly operated by the state in local communities with state employees (10.0 PR FTE direct care staff per facility). Two of these facilities will be located in the Milwaukee area, and one each will be located near Central Wisconsin Center in Madison and Northern

Wisconsin Center in Chippewa Falls. Medical Assistance from the residents' current Center placement will be utilized for funding these placements, and the facilities will be staffed using positions from the Centers.

4. The Department will be provided the statutory authority to directly contract with private agencies and organizations to provide care and services and program resources using CIP 1A funding to facilitate community placements under the CIP 1A program. The Department requests 1.0 GPR FTE, 1.0 PRF FTE, \$34,500 GPR and \$34,500 PRF in FY 1995 to administer the contracts.
5. Three crisis intervention/technical assistance teams - one located at each Center - will be created (6.5 PR FTE and \$129,700 PR in FY 1994 and 17.5 PR FTE and \$626,100 PR in FY 1995). The Centers will retain the current short-term intensive treatment capacity and the crisis intervention and technical assistance teams will provide counties with on site training and ongoing assistance to maintain community placements.
6. Additional CIP 1A follow-along staff to maintain the current ratio of one staff per 75 placements will be provided (1.0 GPR FTE, 1.0 PRF FTE, \$19,900 GPR and \$19,900 PRF in FY 1994 and 3.5 GPR FTE, 3.5 PRF FTE, \$116,000 GPR and \$116,000 PRF in FY 1995). These staff will provide on site review and monitoring of CIP 1A placements through guardian/client interviews, visits to residential and vocational programs, and case manager meetings.
7. Statutory CIP reductions related to the 400 CIP 1A placements are (\$1,308,000) PR and (80.0) PR FTE in FY 1994 and (\$7,570,100) PR and (383) PR FTE in FY 1995.
8. Based on federal guidelines and experiences of other states in meeting active treatment requirements, this proposal achieves a 2:1 overall staff to resident ratio by July 1, 1995.

SUMMARY (All Funds):

	FY94	FY95
1. Full funding of Current CIP 1A	\$1,359,600	\$ 1,961,800
2. CIP 1A - 400 slots	1,787,600	9,825,000
3. Crisis Intervention Teams 6.5 FTE/17.5 FTE	129,700	626,100
4. CIP 1A Follow-Along Staff 2.0 FTE/7.0 FTE	39,800	232,000
5. Contract Administrative Staff 0 FTE/2.0 FTE		69,000

	FY94	FY95
6 Statutory CIP reductions and State Operated Facilities (80.0)FTE/(383.0) FTE	<u>(1,308,000)</u>	<u>(7,570,100)</u>
(71.5)FTE/(356.5 FTE)	\$2,008,700	\$5,143,800
GPR IMPACT	\$ 859,800	\$2,394,300

Although this proposal will require an additional \$3,254,100 GPR over the 1993-95 biennium, it is projected to be less costly than the alternative of not raising the CIP 1A rate and thus placing fewer residents in community settings. We expect that the three Centers will need to have a 2:1 overall staff to resident ratio to meet federal active treatment requirements. We currently have an overall staff to resident ratio at the three Centers of 1.72:1. Using 1991 data comparing overall staff to resident ratios, Wisconsin ranked 33rd out of 38 reporting states.

If it is assumed that (a) the current CIP 1A rate of \$90 per day is not changed, (b) that 70 residents per year can be placed under that rate, and (c) that the Centers will be required to meet the overall 2:1 staff to resident ratio by the end of the 1993-95 biennium, then it is estimated that an additional \$1,034,800 GPR in FY 1994 and \$2,381,300 GPR in FY 1995 would be required. This biennial GPR total of \$3,416,100 is \$162,000 GPR more than the GPR cost of the Department's proposal. In addition, this alternative would add 97 positions rather than delete 356.5 positions which is proposed in the Department's budget request.

(2) Review of Existing Space for Active Treatment and Review of Vocational Opportunities

BACKGROUND

The centers for the developmentally disabled, as part of the education, training, habilitative and rehabilitative service, provide active vocational/educational programs for those residents who can participate in these activities. At each center, the nature of the programming and the amount of time a resident spends in a vocational program is determined by the resident's capabilities, medical condition and needs. Vocational programming ranges from 1/2 hour per day to a full-day of 5 to 6 hours of work. In addition, at each center, some residents are so handicapped that they cannot participate in the structured vocational/prevocational programming.

PROGRAMMING

At Central Wisconsin Center (CWC), approximately 225 adult residents (40%) are engaged in work-oriented programming. These programs provide opportunities for paid work, including subcontracting, manufacturing, recycling, and other employment programs. In addition, approximately 105 individuals (18%) attend

programs held off-grounds (Madison Metropolitan Schools, Supported Employment, and Sheltered Work/Day services), provided by non-CWC personnel. The remaining 238 adults (42%) have priority program needs focused around basic daily living skills. As such, their programming emphasizes educational and pre-vocational activities.

At Northern Wisconsin Center (NWC), all resident vocational programming is done on grounds, much of it at the Northern Industries Building (formerly, the Education Building). Approximately 350 residents (80%) take part in these programs. The majority are involved in industrial contracts with local firms including Mason Shoe and Leinenkugel Brewery. Approximately 84 residents (19%) are unable to participate in this type of programming and must concentrate instead on more basic activities of daily living.

Similarly, Southern Wisconsin Center has a vocational/educational program for 85% of its population. Five residents attend school off-grounds. The remaining 450 residents take part in programming, in one of 28 work areas on grounds. Many of these programs take place in the former Southern Center Education Building. However, approximately 200 residents engage in programs on their living units. At present SWC also has about 75 residents (15%) who, for medical reasons, receive only recreational and daily living programming.

There are higher costs for off-campus programming, due to transportation, additional adaptations, job coaches, specialized work spaces and meal service costs. Some residents would never be able to participate in off-grounds programming because their potential program time is too short. Still for some residents off-campus programming is preferable, and therefore continuing the mix of primarily on-campus with some off-campus programming is recommended.

SPACE REQUIREMENTS

Often the space presently devoted to vocational programming is not ideally located. For example, CWC needs additional programming space adjacent to Murphy Hall and Bldg. 7, because the residents in these buildings are least able to travel extended distances to programming. These residents often can only tolerate shorter periods of programming, which also exacerbates transportation issues.

Similarly, SWC needs both better space, remodeled to be more "factory-like", to house its various workshop activities and space to move those residents presently programmed on their living units.

While NWC does not require additional programming space, they do need adequate storage space to handle the large number of industrial contracts they have.

OBSERVATIONS

To determine the availability of space to meet the above requirements, the three Centers were toured to look for currently unused space, under-used space and the possibility of relocating institution functions to provide more convenient space for program use. Following is a summary of observations resulting from the tours:

1. Central Wisconsin Center

Almost all currently available space at CWC is located in basements of buildings. Remodeling would be necessary to be usable for vocational programming. The lack of adequate toileting, hand washing facilities, ventilation and the need to use an elevator to reach this space are all drawbacks to utilization. Moving residents in wheelchairs from one floor to another, even with elevators available, is a time consuming, labor intensive process. This space must be accessible to the handicapped and meet the requirements of the Americans with Disabilities Act, as well as Safety Codes.

2. Northern Wisconsin Center

Northern Industries Building is heavily utilized. A few isolated rooms/shops are underutilized and could be scheduled more efficiently. At least two additional workshops could be made available by constructing an unheated "pole" building for storage of finished products awaiting shipments. This storage currently takes up program space.

In the residential buildings, only Hillcrest has space which could be made available for programming, potentially 3 to 5 classrooms/workshops. Some remodeling would be necessary to make these spaces usable.

3. Southern Wisconsin Center

Cottage #1 has a great deal of vacant space available for program use on both floor levels, but would need remodeling for accessibility, including construction of an elevator.

The Education Building is heavily utilized with little opportunity for additional space.

Unused space is available in Building #15, which would be ideal for workshop use, although considerable remodeling would be required since the building has been unoccupied for several years.

CONTRACTING FOR ADULT PROGRAMS

During the summer of 1990, off-grounds programming at Sherman School and at Mendota Mental Health Institute for Central Center residents was discontinued and moved back on-grounds. Sherman School became unusable when it was found not to meet Life Safety Code requirements. Mendota Mental Health space was again needed to house Mendota programs. Programming space was available at CWC but in inadequate locations (too small, poorly located, insufficient plumbing). The Division of Care and Treatment Facilities contracted in June 1992 with the Community Support Network to provide vocational training in the community.

Thirty eight CWC residents are also receiving sheltered work/day services through a contract at FOCUSCorp Inc. Residents were incorporated into this new facility, with new staff to assist in meeting Federal active treatment requirements.

SUMMARY

Space is available for active treatment programs at each of the three Centers. In most cases, however, no specific buildings or portions of buildings now used for resident living have been slated for closing. Therefore, it is too early to determine the specific areas which could and will be converted to programming spaces. As future requests for remodeling dollars are advanced, additional analyses will be completed to determine how to utilize fully all space available.

Even with additional available space, accessibility, safety, ventilation, active treatment requirements, and location near a living unit are considerations which must be addressed to permit successful use of buildings and rooms.

Office of Policy and Budget
Wisconsin Department of Health and Social Services
Madison, Wisconsin

**County and Center CIP 1A
Survey Results**

Evaluation Section
Office of Policy and Budget
Department of Health and Social Services
Chris Swart, Analyst
October, 1992

Executive Summary

The Joint Committee on Finance directed the Department of Health and Social Services to conduct a survey of county social service agencies "to determine how many more CIP 1A placements would likely be made if the legislature provided increases to the CIP 1A rate in the future."

The Department conducted two surveys to fulfill this mandate. The first survey was directed to all 64 county community service agencies with responsibility for CIP 1A placements. This survey asked about barriers to using CIP 1A in general and asked whether individual residents at the three state Centers for the Developmentally Disabled would likely be placed if the CIP 1A rate is increased. The second survey was completed by staff at the state Centers. It also asked whether individual residents would likely be placed if the rate is increased.

The general barriers part of the county survey was returned by 63 of the 64 county agencies. The counties indicated that the CIP 1A rate was their primary concern, followed by county expenses that are not reimbursable by CIP 1A, lack of housing generally, lack of housing accessible to persons with physical disabilities, and the opposition of some families or guardians to community placement.

The individual barriers part of the county survey was completed by 53 of the 64 agencies, representing 1250 Center residents. (A sampling methodology was used in counties with more than 40 Center residents.) The key results indicated that an estimated 23 residents could be placed without further rate increases, and an additional 455 of the 1250 Center residents represented on the survey could be placed if the rate is increased. The results for approximately 282 residents from counties that did not respond to the survey could not be estimated.

The Center survey included all 1532 long-term Center residents. Center staff indicated that 124 residents could be placed under the current reimbursement level, and that an additional 325 residents could be placed if the rate is increased.

County estimates for the amount of money it would take to place the 455 residents noted above were higher than the estimates provided by Center staff for the 325 residents noted on the Center survey.

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County and Center CIP 1A Survey Results

Introduction

On January 28, 1992, the Joint Committee on Finance directed the Department of Health and Social Services to evaluate the cost and feasibility of: "(1) increasing CIP 1A rates or modifying the CIP 1A program as a means of reducing populations and costs at the Centers; (2) providing additional on-site and off-site vocational opportunities for residents at each of the Centers; (3) reviewing existing space at each of the Centers for possible conversion to active treatment programming; and (4) closing one or more of the Centers."

As part of this directive, the Committee also specified that this report should include "the results of a survey of each county social services department to determine how many more CIP 1A placements would likely be made if the Legislature provided increases to the CIP 1A rate in the future."

Below are the results of two surveys conducted by the Department to address this question. The first survey was addressed to all 64 county community service agencies with responsibility for making and managing CIP 1A placements. (A list of these agencies is in Appendix I.) This county survey had two parts. The first part asked about barriers that limit CIP 1A placements in general. The second part consisted of a short survey on each individual Center resident for whom the county was responsible. For example, a county with 23 Center residents was asked to complete 23 surveys, each survey appraising one individual's chance for CIP 1A community placement if the CIP 1A rate was increased. This procedure was altered for counties with the largest numbers of Center residents; in order to reduce the workload involved, a random sample of residents was selected by the Department, and counties were asked to complete surveys only on sampled residents. The survey was mailed to counties on June 19, 1992. All data received by September 1, 1992 were analyzed and are included in this report. Appendix II contains a copy of the two-part county survey and the transmittal memo.

In addition to the two-part survey of counties, the Department conducted a survey of staff in the three Centers. This Center survey was very similar to the second part of the county survey in that it appraised each resident's chance for CIP 1A placement given an increase in the CIP 1A rate. A Center survey was completed for every long-term resident at the Centers. The Center survey was distributed at the beginning of June, 1992, and was completed by mid-July. A copy of the Center survey is in Appendix III.

The number of residents at the Centers changes almost daily because of new admissions, discharges, and deaths. The Center survey yielded data on 1,532 residents as of July 15, 1992. Not counted in this figure were individuals identified as short-term residents or individuals who left the Centers for the community during the June-July period.

County Survey - General Barriers

Sixty-three of the 64 counties surveyed returned the general barriers part of the county survey. Each survey question was scored on a scale from 1 to 5, with lower scores indicating that a potential problem listed on the survey is less of a barrier, and higher scores indicating that a problem is more important as a barrier.

An overall analysis of the 63 agencies showed that the current total reimbursement rate was ranked as the most important barrier to CIP 1A placements. The average rating given to this factor was 4.52 (see Table 1). Question two on the survey, county expenditures not eligible for reimbursement under CIP 1A (e.g., certain preplacement expenses, sheltered employment) was the second most important barrier, followed closely by lack of housing (question four) and lack of housing accessible to persons with physical disabilities (question five).

Table 1

General Barriers to CIP 1A Placements

<u>Question</u>	<u>Average Score</u>
1. CIP 1A and SSI too low (Q1)	4.52
2. Non-eligible county expenses (Q2)	3.84
3. Not enough housing (Q4)	3.81
4. Not enough accessible housing (Q5)	3.75
5. Families/guardians oppose (Q7)	3.43
6. Not enough county staff (Q13)	3.33
7. Not enough vocational/educational programs (Q9)	3.32
8. Not enough personal care services (Q11)	3.13
9. Not enough medical services (Q10)	2.68
10. Zoning regulations (Q6)	2.26
11. Neighborhood opposition (Q8)	2.13
12. County/Community Board opposition (Q3)	2.02

The data summarized above were subdivided by urban and rural counties to determine if this factor made a difference in the barriers reported by social service agencies. The Department of Administration's definition of a "metropolitan area" was used to define county agencies as "urban" or "rural." Urban county agencies are in counties or groups of contiguous counties that are densely populated, generally have at least one large city, are predominantly non-agricultural in nature, and are well integrated

economically and socially with close internal commuting ties. The 18 agencies in the urban group were Brown, Calumet, Chippewa, Dane, Douglas, Eau Claire, Kenosha, La Crosse, Marathon - Langlade, Milwaukee, Outagamie, Ozaukee, Racine, Rock, St. Croix, Sheboygan, Washington, and Winnebago. All other county agencies were included in the rural group.

The results of the urban-rural analysis mirrored the results in Table 1 in that the reimbursement level was judged the most important factor by both urban counties (average score = 4.61) and rural counties (average score = 4.49). Only two differences emerged between urban and rural counties. First, finding housing for CIP 1A placements (question four) was judged to be slightly more of a problem in rural counties (average score = 4.0) than in urban counties (average score = 3.3). Second, finding vocational/educational programming was also more of a problem in rural counties than in urban counties. The average rating in rural counties was 3.6 compared to 2.7 in urban counties.

At the end of the general barriers survey, respondents were asked to list any other significant barriers that were not covered on the survey. Thirty-four of the 63 surveys had some comments written on them. Most of the comments restated the importance of one or another of the barriers already listed on the survey, but additional barriers were noted. One barrier mentioned by several counties was that there are not enough community direct care workers to look after CIP 1A placements, that these workers are undercompensated, and that turnover among them is high. Some of the comments on this issue were:

"The most significant barrier we see ...is the unavailability of qualified direct care staff. This is so significant we experience 100% staff turnover in our high needs program per year."

"I do not believe (your question #4) represents the scope of the residential issue. Wages for direct care workers in community settings are atrocious when compared to the wages paid to workers providing care in the state facilities. Furthermore, institutional employees have the benefit of good fringes and the support of a network of personnel for crisis management and problem solving. Community workers often are expected to operate quite independently, dealing with individuals who have significant medical and behavioral issues, and they are severely undercompensated. This results in instability for the community delivery system.... Personal care workers are severely undercompensated just as residential workers are."

"There are enough 'single homes,' difficulty is in obtaining need supports and personnel with expertise to address consumers' needs."

Another problem mentioned was transportation:

"Need improved handicap accessible transportation system."

"Workshops in surrounding counties, so many clients ride long distances. Rural area."

Several counties expressed concern about reimbursement for personal care and home health care services:

"Recent decision to eliminate home health care to CBRF placements (is a barrier)."

"Medical, home health and personal care services have become increasingly problematic to obtain in the community. Part of this is due to the MA reimbursement rates, but it is also due to new regulations, of which the sole purpose was to restrict access to personal and home health care services."

"I have concerns regarding 'recent rumbblings' that it may no longer be acceptable to have personal care services billed to the Medicaid card if these services are provided in a CBRF."

Most written comments reiterated the barriers that were rated most important on the survey. These comments stressed that money and staff resources are being stretched at the county level:

"(The current CIP 1A rate) is the single most important barrier. The reimbursement level for all individuals being relocated from institutions to the community should be the maximum allowable combination of federal FFP and state match dollars."

"Fiscal is primary problem. We can work around the rest."

"Growing case management caseloads combined with county freeze on positions and intensity of CIP related responsibilities (are a barrier)."

"Lack of state support to maintain other, non-CIP funded persons. With a 1% increase counties have to make up the difference... We have large waiting lists for persons without CIP funding. Parents ask why should Center or ICF-MR residents go to the top of the list?"

"CIP 1A individuals are very costly to maintain in the community. State and federal dollars are not available which would be consistent with what is being spent currently to maintain these people at the centers... The crucial time period seems to be the first year. Perhaps total funding for the first year would be appropriate."

In rural counties staff may be limited:

"The long-term support coordinator has other additional responsibilities outside the COP/CIP programs. I do DD intakes, adult protective services, OBRA screenings, crisis intervention, MA case management, family support and community support for the chronically mentally ill case management."

Several counties also qualified their comments on question three on the survey (the county and/or Community Board is unwilling to expand the number of CIP 1A community placements at this time). These comments also stressed money and staff limits:

"Willingness is not the issue. Money is the issue."

"(This is a barrier) if funds not available."

"Expansion will occur as long as residents' support needs can be met within the rate."

"This is not a county issue. The issue is with questions 1 and 2 above" (reference is to CIP 1A rate and to non-reimbursable county expenses).

"Cost is factor. Willing to expand but county board not willing to hire new staff."

"I believe that our Unified Board... has been supportive of our efforts thus far in placing CIP 1A persons. However, they are feeling the pressure of competing needs and shrinking funding across all program areas. Our full county board of supervisors is not sanctioning growth, be it in programs or funding and thus our own board is not eager to take on additional responsibility without adequate resources. Furthermore, we have people currently living in our communities who we will be ill prepared to serve in these times of no growth."

Finally, one urban county noted that the preparation required to place CIP 1A participants is intensive and is difficult to manage for a large number of clients given current staff shortages.

"(A barrier is the) lack of a relocation plan to work towards a systematic, organized method to address relocation of a large number of participants/state center residents."

County Survey - Individual Barriers

A copy of the individual barriers part of the county survey is in Appendix II. As noted previously, county agencies were asked to complete this survey for each of their Center residents, except for counties with the largest numbers of Center residents. In the latter agencies, a random sample of residents was selected by the Department and agencies were asked to complete the survey only on the sampled residents. Large county agencies that returned the sample surveys as requested were Eau Claire, Kenosha, Milwaukee, Outagamie and Racine. The sample data for each of these five counties was then used to estimate the missing (non-sampled) data for each county. For example, 62 surveys (a 15 percent sample) were requested from Milwaukee. Milwaukee is responsible for 407 residents altogether. The data from the 62 sampled cases were used to estimate the data for the 345 (407 minus 62) non-sampled Milwaukee residents. The identical process was applied to each of the remaining four counties to estimate the missing data within each county. In all, 795 individual surveys were received from 53 county agencies. The five samples consisted of 181 of these 795 surveys, and were used to estimate the characteristics of an additional 455 non-sampled Center residents from the five counties named above. Therefore, 1250 (795 plus 455) Center residents were represented in the county survey.

Ten agencies (Bayfield, Calumet, Dane, Forest/Oneida/Vilas, Green Lake, Jackson, Juneau, Menominee, Rock, Waukesha) did not submit any data on part two of the county survey. Samples of 30 were requested of Rock and Waukesha, and a sample of 35 was requested of Dane. Florence County returned its only survey too late to be

included in the analysis. These 11 agencies represent 282 residents at the Centers. These residents, representing 18.4 percent of the 1532 Center residents counted in July, 1992 were excluded from the analysis below.

The individual barriers part of the county survey was three pages long, with each page roughly corresponding to a different set of questions. The first six questions assessed the respondents' familiarity and involvement with the client by asking whether required reviews had taken place and whether agencies had attended these reviews. Questions 7-8 asked specifically whether the resident would be leaving for a community placement within a year, whether an increase in the CIP 1A rate would help the person leave, and what other barriers to community placement existed for the resident. The last two items, questions nine and ten, were asked to collect information for predicting the possible impact of additional CIP 1A placements on Medicaid card expenses. Several counties did not respond to these last two questions for some or all of their residents, and indicated that they were unsure of their estimates and were guessing. The high percentage of missing data for these two items limited the predictive usefulness of the remaining data and the questions are therefore not discussed further.

The remaining questions and results are discussed below.

1. Give the date of this person's most recent annual Center staff meeting.

Title 19 regulations require the Centers to have yearly reviews on each resident and to identify the supports necessary for the resident to move to the community. County agencies are notified of these reviews and are encouraged, but not required, to attend.

The results to question one indicated that an estimated 1181 residents, or 94.5 percent of the 1250 residents for which responses were available or could be estimated were reported by counties to have had a Center staffing review within the required period of time (defined here as from January 1, 1991 through July 15, 1992). Four of the 1250 clients were reported not to have had a staffing (less than half of one percent) in this period. The county agencies did not know or did not answer for an estimated 65 individuals, or about five percent of total.

2. Was a representative from your Community Board present at the most recent Center staffing for this person?

For question two, the county agencies reported attending the staffing in an estimated 510 of the 1250 cases (40.8 percent), did not attend in 708 cases (56.6 percent), and did not know or answer for 32 cases (about 2.6 percent).

3. Give the date of this person's most recent annual WATTS review.

The WATTS review process is based on a 1985 Wisconsin Supreme Court decision that established the right of all adult individuals under a Chapter 55 protective placement to a periodic review of whether the person is in the least restrictive environment consistent with his or her needs. All long-term Center residents except those under 18 years of age are required to have an annual WATTS review. Local agencies must ensure that their clients have a guardian ad litem, who must meet with the resident and report to the court whether the Center is still the least restrictive environment consistent with the person's needs. If the guardian ad litem finds that this is no longer the case, a full court hearing occurs, at which time the guardian ad litem indicates that there has been a change, and at which time the guardian ad litem may request that the person be moved to a less restrictive setting.

The responses to question three showed that an estimated 77.8 percent (972 of 1250) of Center residents had a WATTS review within the period January 1, 1991 through July 15, 1992, while about three percent (37 of 1250) had not. The counties did not know or did not answer in 13.6 percent of the cases (170 of 1250). The WATTS requirement did not apply to 5.7 percent (71) of the residents.

4. Was a representative from your Community Board informed of the results of the most recent WATTS review for this person?

The community agencies were informed of the results of the WATTS review in an estimated 71.4 percent of the cases (892 of 1250), but were not informed of the results in 13.1 percent (164) of the cases. Question four was not answered or answered don't know on another 9.8 percent (123) of the surveys and did not apply in 5.7 percent (71) of the cases.

5. Did the WATTS review lead to a court hearing?

The results to question five indicated that WATTS full hearings were required in an estimated 40 of 1250 cases (3.2 percent). The counties did not know or did not answer in 121 (9.7 percent) of the cases. No full hearing was required in 1018 (81.4 percent) of the cases, and the WATTS review did not apply to 71 (5.7 percent) minor residents.

6. Did someone from your Board attend the WATTS court hearing?

The results to question six were applied to the estimated 40 cases in which a full court hearing was required. Counties reported attending this hearing in about 29 of the 40 cases, or about 72.5% of the time.



7. Given the current situation, do you think this person will be placed in the community within the next 12 months?

The estimated number of residents that would be placed within the next twelve months was 79 of 1250 residents, or about 6.3 percent. The counties indicated that 1141 would not be placed, or 91.3 percent. This question was not answered or answered don't know for 30 residents, or 2.4 percent.

8. What impact would an increase in the current total reimbursement level of about \$110 per day (about \$90 for CIP 1A plus about \$20 for SSI) have on moving this person from the Center to a community placement under CIP 1A?

Alternative 1: Don't know, don't have enough information on this person to answer question.

County staff answered don't know or did not answer question eight for an estimated 39 residents, or 3.1 percent of the 1250 residents represented on the survey.

Alternative 2: This person could be placed under the current total reimbursement level of about \$110 per day. Other barriers don't present significant problems in this case.

An estimated 23 residents (1.8 percent) were reported to not have significant barriers to placement and reportedly could be placed under the current reimbursement level.

Alternative 3: No impact. This person has very severe medical and/or behavioral problems. Community placement would require extraordinary expenditures and/or medical care.

The results of the county survey indicated that an estimated 486 of 1250 residents (38.9 percent) could not be placed in the foreseeable future because extraordinary expenditures and/or care would be needed.

Alternative 4: No impact. This person could be placed under the current total reimbursement level of about \$110 per day, but other barriers prevent community placement under CIP 1A at this time. List or briefly state what these barriers are.

An estimated 55 of the 1250 residents (4.4 percent) fell into this category. Seven of the estimated 55 had no barriers listed, 48 had at least one barrier listed, and seven of these 48 had two barriers. There were 55 (48 + 7) barriers estimated.

The largest number of barriers listed was that families or guardians opposed placement (16 of 55, or 29.1 percent). The next most frequent barrier had to do with medical problems or physical limitations (13 of 55, or 23.6 percent). Behavioral problems and difficulty finding appropriate housing each accounted for 8 of 55 barriers listed (14.5 percent for behavioral problems and 14.5 percent for housing). The resident's age was also a barrier for an estimated six elderly residents, or 10.9 percent.

Lack of county staff and lack of local funds were each listed twice as barriers, or about four percent for each.

Alternative 5: This person cannot be placed under the current total reimbursement level of about \$110 per day but could be placed if the level is increased. Other barriers do not present a significant problem in this case or could be readily overcome by additional dollars. Total reimbursement level would have to be approximately ____ per day for placement of this person. If you aren't sure, circle the closest estimate.

\$120 \$130 \$140 \$150 \$160 \$170 \$>170

If the total amount were increased to the level you circled, how long would it take to relocate this person into the community?

6 months or less 6-12 months more than 12 months Don't know

An estimated 455 of the 1250 Center residents represented by the survey (about 36.4 percent) could be placed if the total reimbursement amount is raised above the current \$110 per day. (Note that the dollar amount in this alternative includes the current CIP 1A rate of \$90 per day plus about \$20 for SSI.)

Of these 455, 11 residents (about 2.4 percent) were estimated to need about \$120 per day; 13 residents (2.9 percent) were estimated to need about \$130 per day; 18 residents (about four percent) were estimated to need about \$140 per day; 52 residents (11.4 percent) were estimated to need about \$150 per day; 74 residents (16.3 percent) were estimated to need about \$160 per day; 106 residents (23.3 percent) were estimated to need about \$170 per day; and 174 residents (38.2 percent) were estimated to need more than \$170 per day. The dollar alternative was not answered in 7 of 455 cases, or about 1.5 percent.

The counties estimated that 10 residents (2.2 percent) could be placed within six months, and that 57 residents (12.5 percent) could be placed in six months to one year. It was estimated that 201 residents (44.2 percent) would take longer than a year to place. The question was marked don't know or not answered in 187 cases (41.1 percent).

Alternative 6: An increase in the total reimbursement level of about \$110 per day will increase the possibility that this person will be placed under CIP 1A, but does not ensure community placement. Other barriers present significant difficulties in this case that would have to be overcome before CIP 1A placement. List or briefly state what these barriers are.

An estimated 192 of the 1250 Center residents represented in the survey (15.4 percent) were listed in category six by the counties. Of these, three surveys had no barriers noted, and 189 had at least one barrier listed. Of these 189, an estimated 64

surveys had at least two barriers checked and nine surveys had three barriers checked. The total number of barriers estimated was 262 (189 + 64 + 9 = 262).

Of the estimated 262 barriers, the majority (115 of 262, or 43.9 percent) were related to behavioral problems of the resident. The next highest total related to medical problems or physical limitations (50 of 262, or 19.1 percent), followed closely by barriers related to family or guardian opposition (49 of 262, or 18.7 percent). Housing was listed as a barrier 19 times (7.3 percent), lack of local funds was listed 14 times (5.3 percent), and lack of county staff was listed 13 times (about five percent). The age of one elderly resident was listed one time, and the lack of placement plans by the agency was also listed one time (.4 percent each).

Center Survey

A Center survey was completed for every long-term Center resident by Center staff who were familiar with the individual cases. The questions were similar to the questions asked on the county survey, part two. A copy of the Center survey is given in Appendix III. The questions are listed below, followed by the results.

1. Give the date of this person's most recent annual Center staff meeting.

The Centers reported that 1526 of 1532 (99.6 percent) residents had a Center staffing during the period from January 1, 1991 through July 15, 1992. Four residents (.3 percent) had staffings prior to January 1, 1991 but not since then. There was no answer for two clients (.1 percent).

2. Was a representative from the Community Board with legal responsibility for this person present at the most recent Center staffing for this person?

Center staff indicated that county staff were present for 474 of the 1532 staffings, or 30.9 percent. County staff did not attend in 1,043 cases, or 68.1 percent. There was no answer or staff did not know in fifteen cases, or about one percent.

7. Were the supports necessary for this person to live in the community identified as part of his/her most recent annual review?

As part of the annual staffing, Center staff are required to specify the supports needed for the individual to live in the community. This was asked as question seven on the survey, but is discussed here because it relates to questions one and two.

The supports necessary for community placements have been recently identified for 1522 of the 1532 residents, or about 99.3 percent. Supports were not identified in

three cases, or .2 percent. There was no answer, or don't know was marked for seven residents, or about .5 percent.

3. Give the date of this person's most recent annual WATTS review.

Center staff reported that 1167 WATTS reviews (76.2 percent of the 1532 cases) had occurred between January 1, 1991 and July 15, 1992. WATTS reviews did not occur within the designated time period for 164 residents (10.7 percent). No answer or don't know was the answer given for another 88 residents (5.7 percent). The WATTS review was not required for 113 minor residents (7.4 percent).

4. Did the WATTS review lead to a court hearing?

The WATTS review led to a full hearing in a reported 61 of 1532 cases or about four percent of the total. There was no hearing reported in 1181 of 1532 cases, or 77.1 percent. There was no answer or a don't know answer given for 177 residents, or 11.6 percent of the total. The WATTS review did not apply to 113 cases, or 7.4 percent.

5. Was a representative from the DD Center present at the most recent WATTS court hearing for this person?

Center staff reported attending 28 of the 61 court hearings identified in the preceding question, or 45.9 percent of the total.

6. Given the current situation, do you think this person will be placed in the community within the next 12 months?

Center staff estimated that 84 of the 1532 residents (5.5 percent) would be placed within the next twelve months, and that 1423 residents (92.9 percent) would not be placed. No answer or don't know applied to 25 residents (1.6 percent).

8. What impact would an increase in the current total reimbursement level of about \$110 per day (about \$90 for CIP 1A plus about \$20 for SSI) have on moving this person from the Center to a community placement under CIP 1A?

Alternative 1: Don't know, don't have enough information on this person to answer question.

Center staff answered don't know or did not answer this question for seventeen residents, or 1.1 percent of the 1532 residents.

Alternative 2: This person could be placed under the current total reimbursement level of about \$110 per day. Other barriers don't present significant problems in this case.

Center staff reported 124 residents (8.1 percent) could be placed under the current reimbursement level. Other barriers were not judged to present significant problems for these individuals.

Alternative 3: No impact. This person has very severe medical and/or behavioral problems. Community placement would require extraordinary expenditures and/or medical care.

Center staff reported that 454 residents (29.6 percent) of the 1532 total residents had very severe medical and/or behavioral problems, and could not be placed in the community without extraordinary expenditures and care.

Alternative 4: No impact. This person could be placed under the current total reimbursement level of about \$110 per day, but other barriers prevent community placement under CIP 1A at this time. List or briefly state what these barriers are.

Center staff checked this response for 119 residents (7.8 percent). Of these, two residents had no barriers listed, 117 residents had at least one barrier recorded, and 26 of these 117 residents had two barriers noted. There were 143 (117 + 26) barriers noted altogether.

The most common of the 143 barriers given for these residents was that families or guardians opposed placement. This barrier was raised 40 times (27.9 percent). Behavioral problems and medical problems were each mentioned as a barrier 26 times (18.2 percent for behavioral, 18.2 percent for medical). Lack of housing was mentioned 18 times (12.6 percent), as was Community Board has no placement plans (12.6 percent). The other barriers noted were lack of local funds (six cases), no county was responsible for resident (five cases), lack of county staff (two cases), and the resident was too old to leave the Center (two cases).

Alternative 5: This person cannot be placed under the current total reimbursement level of about \$110 per day but could be placed if the level is increased. Other barriers do not present a significant problem in this case or could be readily overcome by additional dollars. Total reimbursement level would have to be approximately ____ per day for placement of this person. If you aren't sure, circle the closest estimate.

\$120 \$130 \$140 \$150 \$160 \$170 \$>170

If the total amount were increased to the level you circled, how long would it take to relocate this person into the community?

6 months or less 6-12 months more than 12 months Don't know

The Center staff indicated that 325 of the 1532 residents (21.2 percent) could be placed if the total reimbursement amount is raised above the current \$110 per day. (Note that the dollar amount in this alternative includes the current CIP 1A rate of \$90 per day plus about \$20 for SSI.)

Of these 325, 13 residents (four percent) were said to need about \$120 per day; 124 residents (38.2 percent) were said to need about \$130 per day; 40 residents (12.3 percent) were said to need about \$140 per day; 34 residents (10.5 percent) were said to need about \$150 per day; 41 residents (12.6 percent) were said to need about \$160 per day; 16 residents (4.9 percent) were said to need about \$170 per day; and 52 residents (sixteen percent) were said to need more than \$170 per day. There was no response given for five of the 325 residents (1.5 percent).

The Center staff estimated that 25 residents (7.7 percent) could be placed within six months or less if the rates were increased, and that 20 residents (6.2 percent) could be placed within 6-12 months. It was estimated that 167 residents (51.4 percent) would take longer than 12 months to place. This alternative was not answered or answered don't know for 113 residents (34.8 percent).

Alternative 6: An increase in the total reimbursement level of about \$110 per day will increase the possibility that this person will be placed under CIP 1A, but does not ensure community placement. Other barriers present significant difficulties in this case that would have to be overcome before CIP 1A placement. List or briefly state what these barriers are.

The Center staff rated the largest number of residents, 493 of 1532 or 32.2 percent, as belonging in this category.

Nine of the 493 individuals (1.8 percent) had no barriers listed, 484 residents (98.2 percent) had at least one barrier listed, 128 people (twenty-six percent) had at least two

between the county responses to this question and the Center responses. The counties placed 38.2 percent (174 of 455) of the residents in the highest, open-ended category (more than \$170 per day). About 61.5 percent of the 455 residents in this category were reported to need a daily reimbursement level of at least \$170 or more per day, while 77.8 percent were said to need at least \$160 or more per day. The Centers reversed this pattern. The Center staff reported that 42.2 percent of the residents (137 of 325) in this category could be placed for \$130 per day or less, while over half (54.5 percent, or 177 of 325) could be placed for \$140 per day or less. To carry this further, the Center staff felt that 77.6 percent (252 of 325) could be placed for \$160 per day or less, while the counties reported that 77.8 percent needed \$160 per day or more.

Table 4

Estimated Community Placements by Daily
Total Reimbursement Level

	<u>County</u>		<u>Center</u>	
\$120	11	2.4%	13	4.0%
\$130	13	2.9%	124	38.2%
\$140	18	4.0%	40	12.3%
\$150	52	11.4%	34	10.5%
\$160	74	16.3%	41	12.6%
\$170	106	23.3%	16	4.9%
>\$170	174	38.2%	52	16.0%
Don't Know, No Answer	<u>7</u>	<u>1.5%</u>	<u>5</u>	<u>1.5%</u>
Total	455	100.0%	325	100.0%

The residents who could be placed if the reimbursement level is increased were also compared in terms of the amount of time respondents estimated it would take to place clients if the rates were increased. These data are presented in Table 5 below. The results are less informative because most residents fell into the open-ended category of more than 12 months, or into the don't know, no answer category.

Table 5

Amount of Time to Place Client
if Reimbursement Level Increased

	<u>County</u>		<u>Center</u>	
6 Months or Less	10	2.2%	25	7.7%
6 - 12 Months	57	12.5%	20	6.2%
More than 12 Months	201	44.2%	167	51.4%
Don't Know, No Answer	<u>187</u>	<u>41.1%</u>	<u>113</u>	<u>34.8%</u>
Total	455	100.0%	325	100.1%

barriers listed, and seven residents (1.4 percent) had three barriers listed. There were 619 barriers listed for the 484 residents.

Most of the barriers were medical (262 of 619, 42.3 percent) or behavioral (190 of 619, 30.7 percent). The counties lack of funds or local resources was the third most frequently mentioned barrier (64 of 619, 10.3 percent), while the opposition of families and guardians followed closely (52 of 619, 8.4 percent). In a handful of these latter cases, the client opposed community placement. The lack of a Community Board plan was listed as a barrier 20 times (3.2 percent), lack of housing was mentioned 13 times (2.1 percent), the age of elderly residents was listed 10 times (1.6 percent), lack of county staff was noted seven times (1.1 percent), and no county was responsible was noted for one resident.

County - Center Survey Comparisons

The key charge of the Legislature for this survey was to "determine how many more CIP 1A placements would likely be made if the Legislature provided increases to the CIP 1A rate in the future." However, the results discussed so far clearly show that determining the status of even one Center resident is a very complicated task. Many factors intrinsic to the resident, i.e., the behavioral, medical, social and physical needs of the person, must be considered in conjunction with many factors that operate in the community, i.e., local staff must be available to plan the transition, funds for pre-placement expenses must be found, housing must be arranged, and a range of other services must be matched to the resident's unique needs. Every CIP 1A placement entails consultation and planning between Center staff, who have an intimate knowledge of the resident based on daily contact, and county staff, who know what resources and services are available in the community. The complexity of the real CIP 1A placement task, and the dual role simultaneously played by local and Center staff points out some of the advantages and disadvantages of the survey approach. An advantage is that the survey is a cost-effective approach for getting information; it would have been impossible to convene local and Center staff to discuss each resident for this report. On the other hand, each survey considered separately conveys only part of the whole picture. The comparisons below of the county and center results focus on the two questions that most directly address the Legislature's concerns.

The figures noted below are the same as reported in the preceding two sections. Again, note that the county results are estimates based on five sampled counties, and complete data from 48 other county agencies. Eleven agencies, responsible for 282 Center residents, did not return the surveys and are not represented. The Center data represent all 1532 long-term residents at the Centers as of July 15, 1992.

6/7. Given the current situation, do you think this person will be placed in the community within the next 12 months?

The County and Center results are compared below in Table 2. The respondents believed that 5.5 percent to 6.3 percent of the residents would leave the Centers for the community within the next 12 months, given current conditions.

The data were also crosstabulated to estimate the number of individuals that both counties and Centers agreed would leave the Centers within the next year; that is, the number of residents that received a yes answer to this question on both surveys. The estimated number was 43 individuals, or about 3.4 percent of the 1250 total.

Table 2

Expected Community Placements in Next 12 Months

	<u>County</u>		<u>Center</u>	
Yes	79	6.3%	84	5.5%
No	1141	91.3%	1423	92.9%
No Answer, Don't Know	<u>30</u>	<u>2.4%</u>	<u>25</u>	<u>1.6%</u>
Total	1250	100.0%	1532	100.0%

8. What impact would an increase in the current total reimbursement level of about \$110 per day (about \$90 for CIP 1A plus about \$20 for SSI) have on moving this person from the Center to a community placement under CIP 1A?

Table 3 below shows a difference between county and Center responses in the percentage of residents that could be placed under the current reimbursement level, without significant other barriers. The counties reported that only about 1.8 percent (23 of 1250) of their residents fell into this category, while the Centers felt that 8.1 percent (124 of 1532) could be placed without additional rate increases.

The range of residents that were reported to require extraordinary expenditure and/or care to place was 29.6 percent (Center survey) to 38.9 percent (County survey).

The counties estimated that 4.4 percent (55 of 1250) of the residents could be placed under current reimbursement levels, but other barriers prevented placement. The Centers estimated this group to be about 7.8 percent (119 of 1532) of the residents.

The next category consists of residents without significant barriers who could reportedly be placed if the CIP 1A rate is increased. The range of this group was 21.2

percent, or 325 of 1532 residents on the Center survey, to 36.4 percent, or an estimated 455 of 1250 residents represented by the county survey.

The Center staff placed a higher percentage of residents (32.2 percent or 493 of 1532) in the final category than the county staff (15.4 percent, or 192 of 1250). This group would need a rate increase and would need to overcome significant other barriers in order to be placed.

Table 3
Impact of Increasing the Reimbursement Level
on CIP 1A Placement

	<u>County</u>		<u>Center</u>	
Don't Know, No Answer	39	3.1%	17	1.1%
Could Be Placed Under Current Reimbursement Level	23	1.8%	124	8.1%
No Impact, Placement Would Require Extraordinary Expenditures and/or Medical Care	486	38.9%	454	29.6%
Could Be Placed Under Current Reimbursement Level But Other Barriers Prevent	55	4.4%	119	7.8%
Could Be Placed if Current Rate Increased	455	36.4%	325	21.2%
Could Be Placed if Current Rate Increased and Other Barriers Overcome	<u>192</u>	<u>15.4%</u>	<u>493</u>	<u>32.2%</u>
Total	1250	100.0%	1532	100.0%

Further analysis was done on the residents who reportedly could be placed if the current rate is increased. This included an estimated 455 residents from the county survey, and 325 residents from the Center survey. Survey respondents were also asked to indicate the amount of total reimbursement (CIP 1A rate plus about \$20 SSI) that would be needed to place each resident. The results, in Table 4 below, showed a difference

The responses to question 8 were also crosstabulated to determine the degree to which the county agencies and the Center staff coincided in their responses. The estimates are based on the 1250 residents represented on the county surveys because the likelihood of a common response could not be established for the 282 residents not represented on the county survey. The results indicated that the two surveys agreed on an estimated 38.6 percent of the residents, or 483 of 1250. There were an estimated 14 residents (1.1 percent) reported to have no significant barriers who could be placed under the current reimbursement level. There were an estimated 231 residents (18.5 percent) who reportedly could only be placed with extraordinary expenditures. There were an estimated 14 residents on both surveys (1.1 percent) who had a significant barrier preventing placement, but who reportedly could be placed under the current rates. It was estimated, again based on both surveys, that 139 residents (11.1 percent) could be placed given a rate increase. Finally, an estimated 85 residents (6.8 percent) were reported by both surveys to need a rate increase and to have significant other barriers.

The results of the estimated 139 residents who both surveys indicated could be placed with a rate increase, and who had no other significant barriers, were also analyzed to determine the extent to which counties and Centers agreed on the amount of money it would take to place them. However there were too few common cases reported to allow further estimates.

Appendix I

Wisconsin County Community Service Agencies

June, 1992

Wisconsin County Community Service Agencies

1. Adams County Unified Services Board
2. Ashland County Human Services Department
3. Bayfield County Unified Services Board
4. Northern Pines Unified Services Center (Barron, Burnett, Polk, Rusk and Washburn Counties)
5. Brown County Mental Health Center
6. Buffalo County Department of Human Services
7. Calumet County Department of Human Services
8. Chippewa County Department of Community Programs
9. Clark County Community Services Department
10. Columbia County Human Services Department
11. Crawford County Human Services Department
12. Dane County Department of Human Services
13. Dodge County Human Services
14. Door County Unified Board
15. Douglas County Human Services Department
16. Dunn County Department of Human Services
17. Eau Claire County Department of Human Services
18. Florence County Human Services Department
19. Fond du Lac County Unified Board
20. Forest, Oneida and Vilas Counties Human Service Center
21. Grant and Iowa Counties Unified Board
22. Green County Human Services Board
23. Green Lake County Human Services Department
24. Iron County Human Services Department
25. Jackson County Human Services Department
26. Jefferson County Human Services Department
27. Juneau County Department of Human Services
28. Kenosha County Department of Community Programs
29. Kewaunee County Unified Board
30. La Crosse County Human Services Department
31. Lafayette County Human Services
32. North Central Health Care Facilities (Langlade, Lincoln and Marathon Counties)
33. Lincoln County Developmental Disabilities Service
34. Manitowoc County Human Services Department
35. ADAPT/Marinette County Human Services Department
36. Marquette County Unified Services Board
37. Menominee County Human Services Department
38. Milwaukee County Combined Community Services Board
39. Monroe County Department of Human Services
40. Oconto County Human Services Department
41. Outagamie County Human Services Department
42. Ozaukee County Department of Community Programs

43. Pepin County Department of Human Services
44. Pierce County Department of Human Services
45. Portage County Community Human Services Department
46. Price County Human Services Department
47. Racine County Human Services Department
48. Richland County Community Programs
49. Rock County Developmental Disabilities Board
50. St. Croix County Department of Human Services
51. Sauk County Human Services Department
52. Sawyer County Comprehensive Planning Board
53. Shawano County Department of Community Programs
54. Sheboygan County Human Services Department
55. Taylor County Community Human Services Department
56. Trempealeau County Unified Board
57. Vernon County Department of Human Services
58. Walworth County Department of Human Services
59. Comprehensive Community Services Agency of Washington County
60. Waukesha County Community Human Services Department
61. Waupaca County Department of Human Services
62. Waushara County Department of Community Programs
63. Winnebago County Department of Community Services
64. Wood County Unified Services Board

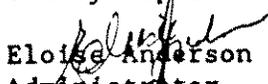
Appendix II

Transmittal Memo and County Survey

STATE OF WISCONSIN
Department of Health and Social Services
Division of Community Services

DATE: June 19, 1992

TO: County Departments of Community Programs Directors
County Departments of Developmental Disabilities Directors
County Departments of Human Services Directors

FROM: 
Eloise Anderson
Administrator
Division of Community Services

The Legislature's Joint Committee on Finance has directed the Department of Health and Social Services to survey county agencies to determine the impact of raising the Community Integration Program IA (CIP IA) daily rate above its current level. The goal of the survey is to determine how many CIP IA placements would likely be made if the Legislature provided increases to the CIP IA rate in the future.

The attached survey gets at this question in two ways. The first part (General Barriers) should be filled out by the person who is most knowledgeable about the overall problems and barriers that limit CIP IA placements in your community. Please have this part of the survey completed immediately, and return by July 1, 1992 in the postage-paid envelope provided.

The second part of the survey should be completed on every person living at a State Center for which your Board is responsible or, for larger counties, a sample of persons for which your Board is responsible. Copies are enclosed, each with the name of a single resident. These surveys should be filled out by the person who is the most knowledgeable about the individual in question. Please reassemble all completed surveys in the confidential envelopes provided, seal, and return via Division of Community Services mail to Chris Swart, DHSS, Office of Policy and Budget, 1 West Wilson St., Room 639, Madison. Telephone Chris Swart at (608) 266-0734 if you have questions. Please return the individual surveys by July 31, 1992.

Attachment

cc: Area Administrators
Assistant Area Administrators
Developmental Disabilities Office

General Barriers

Your Name _____ Telephone _____

Board _____ Your Position _____

In general, rate the importance of each of the following as barriers to moving the people currently residing in the DD Centers to CIP 1A community living situations. Circle one number for each potential barrier.

1. The current total reimbursement level of about \$110 per day (about \$90 for CIP 1A plus about \$20 for SSI) is too low.

1	2	3	4	5
Not an Important Barrier		Moderate Barrier		Very Important Barrier

2. Expenses not eligible for CIP 1A reimbursement that must be paid by the county (e.g., some pre-placement expenses, sheltered employment) are a barrier.

1	2	3	4	5
Not an Important Barrier		Moderate Barrier		Very Important Barrier

3. The county and/or Community Board is unwilling to expand the number of CIP 1A community placements at this time.

1	2	3	4	5
Not an Important Barrier		Moderate Barrier		Very Important Barrier

4. There are not enough homes/residential facilities to house all potential CIP 1A placements.

1	2	3	4	5
Not an Important Barrier		Moderate Barrier		Very Important Barrier

5. There is not enough accessible housing for persons with physical disabilities.

1	2	3	4	5
Not an Important Barrier		Moderate Barrier		Very Important Barrier

6. Zoning regulations are a barrier to developing housing for CIP 1A.

1	2	3	4	5
Not an Important Barrier		Moderate Barrier		Very Important Barrier

7. Families/guardians do not want potential CIP 1A participants to leave the Centers.

1	2	3	4	5
Not an Important Barrier		Moderate Barrier		Very Important Barrier

8. There is or would be neighborhood opposition to the transfer of more CIP 1A participants into the community.

1	2	3	4	5
Not an Important Barrier		Moderate Barrier		Very Important Barrier

9. Vocational/educational programming is inadequate or unavailable.

1	2	3	4	5
Not an Important Barrier		Moderate Barrier		Very Important Barrier

10. Medical services are inadequate or unavailable.

1	2	3	4	5
Not an Important Barrier		Moderate Barrier		Very Important Barrier

11. Personal care services are inadequate or unavailable.

1	2	3	4	5
Not an Important Barrier		Moderate Barrier		Very Important Barrier

12. How available is personal care as a Medicaid Card service in your Board area?

1	2	3	4	5
Not at all Available		Moderately Available		Very Available

13. There are not enough county staff to assess, plan, and monitor all potential CIP 1A placements.

1
Not an Important
Barrier

2

3
Moderate
Barrier

4

5
Very Important
Barrier

List and rate (1-5) any other significant barriers to the use of CIP 1A below.

Individual Barriers

Name _____ C N S Board _____

1. Give the date of this person's most recent annual Center staff meeting.

___/___/___ Don't Know

2. Was a representative from your Community Board present at the most recent Center staffing for this person?

Yes No Don't Know

3. Give the date of this person's most recent annual WATTS review.

___/___/___ Don't Know

4. Was a representative from your Community Board informed of the results of the most recent WATTS review for this person?

Yes No Don't Know

5. Did the WATTS review lead to a court hearing?

Yes No (Skip to question 7 if no) Don't Know

6. Did someone from your Board attend the WATTS court hearing?

Yes No Don't Know

7. Given the current situation, do you think this person will be placed in the community within the next 12 months?

Yes No

(Continued on next page)

8. What impact would an increase in the current total reimbursement level of about \$110 per day (about \$90 for CIP 1A plus about \$20 for SSI) have on moving this person from the Center to a community placement under CIP 1A? (check one box only):

- Don't know, don't have enough information on this person to answer question.
- This person could be placed under the current total reimbursement level of about \$110 per day. Other barriers don't present significant problems in this case.
- No impact. This person has very severe medical and/or behavioral problems. Community placement would require extraordinary expenditures and/or medical care.
- No impact. This person could be placed under the current total reimbursement level of about \$110 per day, but other barriers prevent community placement under CIP 1A at this time. List or briefly state what these barriers are:

- This person cannot be placed under the current total reimbursement level of about \$110 per day but could be placed if the level is increased. Other barriers do not present a significant problem in this case or could be readily overcome by additional dollars. Total reimbursement level would have to be approximately _____ per day for placement of this person. If you aren't sure, circle the closest estimate. (circle one only):

\$120 \$130 \$140 \$150 \$160 \$170 >\$170

If the total amount were increased to the level you circled, how long would it take to relocate this person into the community? (circle one):

6 months or less 6-12 months more than 12 months Don't know

- An increase in the total reimbursement level of about \$110 per day will increase the possibility that this person will be placed under CIP 1A, but does not ensure community placement. Other barriers present significant difficulties in this case that would have to be overcome before CIP 1A placement. List or briefly state what these barriers are:

9. If this person were placed in the community, would he/she be likely to need (circle all that apply, hours likely needed per week, and indicate likely funding source):

<u>Service</u>	<u>Estimated Hours</u>	<u>Probable Funding Source</u>
1. Personal Care	Hrs per week ____	<input type="checkbox"/> CIP 1A <input type="checkbox"/> MA Card
2. Home Health Care	Hrs per week ____	<input type="checkbox"/> CIP 1A <input type="checkbox"/> MA Card
3. Nursing Care	Hrs per week ____	<input type="checkbox"/> CIP 1A <input type="checkbox"/> MA Card

10. If this person were placed in the community, estimate his/her likely Medicaid Card expenses per day (not counting CIP 1A expenses) based on his/her current health (circle one only):

<\$5/day \$5-\$10/day \$10-\$15/day \$15-\$20/day >\$20/day

Please sign and date this form, and give your telephone number below.

Your Signature

Today's Date

Your Telephone Number

Appendix III

Center Survey

Center Survey

Resident's Name _____ Responsible Board _____

Your Signature _____ Your Telephone # _____

1. Give the date of this person's most recent annual Center staff meeting.

____/____/____

2. Was a representative from the Community Board with legal responsibility for this person present at the most recent Center staffing for this person?

Yes No

3. Give the date of this person's most recent annual WATTS review.

____/____/____

4. Did the WATTS review lead to a court hearing?

Yes No (Skip to question 6 if no) Don't Know

5. Was a representative from the DD Center present at the most recent WATTS court hearing for this person?

Yes No Don't Know

6. Given the current situation, do you think this person will be placed in the community within the next 12 months?

Yes No

7. Were the supports necessary for this person to live in the community identified as part of his/her most recent annual review?

Yes No

(Continued on next page)

8. What impact would an increase in the current total reimbursement level of about \$110 per day (about \$90 for CIP 1A plus about \$20 for SSI) have on moving this person from the Center to a community placement under CIP 1A? (check one box only):

- Don't know, don't have enough information on this person to answer question.
- This person could be placed under the current total reimbursement level of about \$110 per day. Other barriers don't present significant problems in this case.
- No impact. This person has very severe medical and/or behavioral problems. Community placement would require extraordinary expenditures and/or medical care.
- No impact. This person could be placed under the current total reimbursement level of about \$110 per day, but other barriers prevent community placement under CIP 1A at this time. List or briefly state what these barriers are:

- This person cannot be placed under the current total reimbursement level of about \$110 per day but could be placed if the level is increased. Other barriers do not present a significant problem in this case or could be readily overcome by additional dollars. Total reimbursement level would have to be approximately _____ per day for placement of this person. If you aren't sure, circle the closest estimate. (circle one only):

\$120 \$130 \$140 \$150 \$160 \$170 >\$170

If the total amount were increased to the level you circled, how long would it take to relocate this person into the community? (circle one):

6 months or less 6-12 months more than 12 months Don't know

- An increase in the total reimbursement level of about \$110 per day will increase the possibility that this person will be placed under CIP 1A, but does not ensure community placement. Other barriers present significant difficulties in this case that would have to be overcome before CIP 1A placement. List or briefly state what these barriers are:
