

ADVANTAGES OF A PUBLIC AUTHORITY TO OPERATE UW HOSPITAL

- Provides full accountability to the citizens of Wisconsin.
- Obtains operating flexibility to enable the hospital to thrive in the fast-paced health care environment.
- Allows hospital and employees to negotiate directly.
- Promotes the ability of the hospital to design, acquire, build or enhance community-based clinics for patient care and education.
- Offers cost-effective and timely responses to patient service needs and marketplace opportunities.
- Provides for streamlined purchasing procedures.
- Allows for human resources and personnel policies specific to the needs of an acute-care hospital.

As a Public Authority, UW Hospital will remain subject to state open meeting and record laws, ethics laws and legislative audits. In addition, the hospital's multiple missions will not change. The hospital will remain strongly committed to patient care, education, biomedical research, and community outreach.

**WISCONSIN
COALITION
FOR ADVOCACY**

Date: March 27, 1995

To: Members, Joint Committee on Finance

From: Dianne Greenley, Managing Attorney
Mental Health Advocacy

Subject: Attached testimony on important budget issues affecting people with mental illness

I would like to draw the committee's attention to two items in the budget which have serious repercussions for people with mental illness, and (in the case of General Assistance) for other people with disabilities as well:

1. General Assistance: The proposed elimination of state funding for all General Assistance except emergency medical care will have a disproportionate effect on people with mental illness and people with other disabilities. We do not have to speculate about the effects of these cuts -- we have the devastating experience of people in Michigan (and a few other states) to take into account. I have included some of the data on this in my attached Testimony.
2. Mental Health Block Grant funds. The Governor's budget proposals to distribute approximately \$1 million in new federal Mental Health Block Grant funds to counties via the Community Aids formula. These allocations will be so small that it will be impossible to see any visible impact of them. We see this as a real missed opportunity for the mental health system in Wisconsin, which historically has benefited greatly from the targeted use of these funds to develop innovative new programs, to concentrate efforts on important issues and problems, and to provide much - needed regional and statewide training. A consortium of several mental health groups has developed such a proposal for the use of Mental Health Block Grant funds in 1996 (which is detailed in the attached). We encourage the committee to consider this proposal.

**WISCONSIN
COALITION
FOR ADVOCACY**

March 23, 1995

To: Members of Wisconsin Legislature
From: Dianne Greenley, Managing Attorney, Mental Health Advocacy
Subject: General Assistance and People with Disabilities

The popular stereotype of the General Assistance recipient is a young able-bodied male who is down on his luck or who chooses not to work. However, a recent survey by the Wisconsin Social Services Association shows that 48% of General Assistance recipients are disabled or incapacitated. Many have mental illness, chronic medical conditions, alcohol and drug abuse problems, and/or short term medical problems. A Dane County study of General Assistance recipients shows that long-term recipients (on the program for over a year) are overwhelmingly older and disabled. 63% were over the age of 40. 42% have mental health problems; 33% have a physical disability; 20% have cognitive limitations and over half have substance abuse problems.

For many people with disabilities General Assistance is the only source of income while they are applying for Social Security or SSI. Given the complexity of these programs it often takes months to become eligible. For some persons lengthy appeals are necessary.

For other persons their disabilities are not significant enough to qualify for SSI. However, they also are not able to consistently find and hold a job. They may work sporadically with General Assistance filling in when they are unemployed.

For some people with mental illness who are not on SSI, General Assistance is a necessary support to enable them to be discharged from a psychiatric hospital. Without General Assistance hospital stays may be extended, people may be "dumped" with no way to pay for a room or apartment, or they may end up being transferred to another institution such as a nursing home.

With the elimination of this program these people will be totally destitute. If they do not have family or friends willing to take them in, they will be forced to turn to homeless shelters, institutions such as mental hospitals, and jails. Is this the outcome we want for people with disabilities in Wisconsin???

Experience in Other States

The other states which have eliminated or drastically reduced their General Assistance programs all retained a program for people with disabilities who were deemed to be unemployable. For example, in Michigan a State Disabilities Assistance Program was established for persons with disabling conditions of at least 90 days duration. Likewise, in Ohio, Illinois, and Pennsylvania a residential program was left for people with disabilities who are not "employable". In Wisconsin, the Governor proposes no such program for people with disabilities.

However, even when the states attempted to sort people into "employable" and "unemployable" categories a significant number of people with disabilities were labelled as employable and were terminated from the program. Again using Michigan as an example, 58% of former General Assistance recipients participating in a University of Michigan study reported having one or more chronic health conditions for which they required medical care. 20% of those who were terminated as "able-bodied" ended up receiving SSI or state disability benefits.

For those who were terminated from the General Assistance programs the experience has been horrible. People on General Assistance generally face multiple barriers to employment - poor health, lack of education, no transportation, racial discrimination and lack of work skills.

- People have not found work. In Michigan only 20% of those terminated have been employed at any one time studied; in Pennsylvania 64% had not found jobs after being terminated and in Cuyahoga County, Ohio 83% remained unemployed.
- People have lost their housing. In Michigan homelessness among people on General Assistance rose from 2% prior to termination to 27% after termination.
- Health status has deteriorated. In Michigan 1/3 of those terminated reported deteriorating physical and mental health and difficulty getting health care. Many more people are turning to emergency rooms for health care and are going without needed medication.

Action Needed

The Governor's proposal to eliminate the General Assistance program should be rejected. Instead counties should be urged to step up activities in assisting people with disabilities to obtain employment or apply for SSI or Social Security.

If the Legislature does decide to terminate the General Assistance program, a residual program must be retained for people with disabilities who cannot work. This program should include both a cash grant and needed medical care - not just emergency care.

Proposed Use of New Federal Mental Health Block Grant Funds

The federal government is providing Wisconsin over \$1 million in new mental health block grant funds. Traditionally Wisconsin has used these funds to develop new initiatives, such as community based treatment for children with serious emotional problems and local programs which are run by families and consumers of mental health services. However, this time the Governor proposes distribution of this money to the counties by way of the Community Aids formula. This means that many counties will receive only a very small amount which will have little impact on the delivery of services. Instead of distributing the money in this manner, advocates for persons with mental illness propose targeting the money so that some real system change and improvement can take place.

Proposals for Systems Change and Improvement:

1. Expand Integrated Services Projects for Children with Severe Emotional Disturbances

These projects which currently operate in 15 counties provide case management, some flexible funds for wrap around services, and other community treatment services. These projects have been quite successful in enabling families to keep their children at home and out of hospitals. We propose expanding this program to 3 more counties.

\$240,000

2. Expand Consumer and Family Self Help and Peer Support Programs

Block grant funds are currently being used in 15 counties for family support projects, consumer-run employment, crisis intervention and drop-in projects, and anti-stigma and public education activities. All of these efforts promote greater self-reliance and are cost effective alternatives to residential and institutional placements. We propose expanding the program to 6-8 additional counties.

\$180,000

3. Systems Change Grants

Several counties are attempting to make the transition from institutional and residential services to more integrated and cost effective community services. Other counties are struggling with how to meet the needs of special populations. Grant funds which are of sufficient amounts \$150,000 - \$200,000 and which last for several years would greatly assist a few counties in making such transitions. We propose making two such grants available and that the funding continue for 3-5 years.

\$350,000

4. Training to Achieve Improved Services

In order to maintain and improve the quality of treatment for adults with serious mental illness and children with serious emotional disturbance, the work force must be adequately trained. Unfortunately, over the past several years funds available for training have significantly decreased. We propose making funds available to counties and other mental health treatment providers to provide training for professionals currently working in the field on new treatment approaches, working with special populations, and use of new medications.

\$182,000

5. Community Protection and Advocacy Program

As a result of last session's Legislative Council Study Committee on Oversight of Community Mental Health Services a community protection and advocacy program was created. This program is currently involved in training families and consumers about their treatment rights and is engaged in other activities designed to enhance rights protection in community programs. The Governor proposes elimination of state funding for this program. We propose continuation of the program using the federal block grant dollars.

\$75,000

Total of all new Mental Health Block Grant Funds

\$1,027,000

This proposal is endorsed by:

Alliance for the Mentally Ill of Wisconsin
Mental Health Association in Milwaukee County
Mental Health Association in Sheboygan County
Mental Health Association of Waukesha
PREVAIL
Wisconsin Family Ties
Wisconsin Coalition for Advocacy

Impact of the proposed budget bill on people with disabilities who work.

If the Governor's budget proposal is approved:

People who work and rely on MA Personal Care for needed attendant services will have to quit their jobs.

By eliminating those on "state-only" SSI, you will be forcing people to quit working in order to qualify for Medical Assistance.

By allowing the Governor to lower the special income limit for Medicaid Waiver eligibility, you would be forcing people to quit work in order to qualify for services that only the Waiver program will fund. Or, to meet the spenddown necessary to qualify for County Medical Assistance.

Do you think people will work if loss of benefits is the outcome? I can tell you with certainty that they will not. They cannot afford to work if they are going to lose the benefits which pay for the services they need in order to work. They can't afford to work and lose the only health care insurance they can access, that being Medical Assistance.

In a recent survey conducted in Dane County of people with physical disabilities, only 28% of the respondents were employed at the time of the survey, with wages averaging \$5.00 per hour. Two thirds of the unemployed respondents said they would like to work. But only 33% of those employed had employer-contributed health insurance. Very few people can expect to earn enough to replace the lost benefits. It is estimated that an individual would have to earn in excess of \$50,000 in order to pay for personal care services in addition to living expenses.

You may ask, how can these individuals work if they require the support services that these benefits provide? The answer is simple: technology. Most people with physical disabilities do not require personal assistance services during the work day. They are able to perform their jobs with the aid of various technological devices, and are able to independently take care of some of their personal needs as well with adaptive equipment. But the technology does not exist that will replace a personal assistance worker: to get a person out of bed, dressed, and fed, and to make sure they have clean clothes to wear and food in their cupboards and refrigerator.

Employment Resources, Inc. has spent the past year and a half educating people with physical disabilities about the Work Incentives programs available through the Social Security Administration. A number of people have made the decision to pursue work as a result of our efforts, and have successfully found work. Each day, more people are learning about these opportunities and contacting us for assistance. Some exciting vocational plans are in the works. We are looking at ways to go statewide with our efforts to help people in other counties.

If this budget passes with the proposed cuts in SSI, I am certain that it will result in mass panic among people with disabilities who are working, or who have plans to work in the future. Already, I have noticed the hesitation among our current participants to continue with their vocational plans. If work income will affect their SSI/MA eligibility, they will not be able to work.

The following example illustrates the potential impact of the proposed cuts:

Dan is a forty three year old individual who sustained a spinal cord injury as a teenager. He has supported himself on SSI, Social Security benefits and Veterans benefits until recently, when he began working for the Department of Natural Resources as a GIS data entry operator.

Dan's attendant care is funded through the Medicaid Waiver program. He is eligible under Group A because he receives Social Security benefits as a "disabled adult child". Work income valued at over \$500 a month, however, results in the eventual termination of those benefits. Dan was able to utilize a Work Incentive program to write off certain employment-related expenses and qualify for a small amount of SSI. That gave him Medical Assistance eligibility as well. As soon as he began working in November, 1994, the SSI benefit stopped, but his Medical Assistance benefit continued under another Work Incentive called 1619(b). With this status, he can continue to get funding for his attendant services under the Medicaid Waiver program.

In another six months, Dan's Social Security checks will stop because of his work income. Eventually, he expects the VA benefits to stop as well. He can support himself on his work income as long as his Medicaid Waiver services continue.

If the SSI cuts are approved, Dan will lose his 1619(b) status, therefore losing his Medicaid Waiver eligibility under Group A. He will not qualify under Group B because his work income combined with the VA benefits is over the

proposed "special income limit" of \$1,030.50. If he quits working, however, he will resume his Social Security benefits and regain eligibility under the Group A category of "disabled adult child".

Dan wants to continue working. But he can't afford to pay for his own attendant care.

Respectfully submitted,
Mary Ridgely, M.S.
Employment Resources, Inc.
Madison, WI
(608) 246-3449

Medicaid Waiver Eligibility

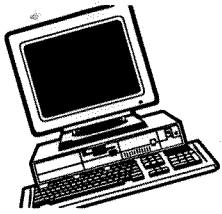
Current:

Group A	Group B	Group C
SSI AFDC Disabled Adult Child 1619(b) 503 protection (continued MA if cost-of- living increase in Social Security results in loss of SSI)	Monthly Gross Income is below \$1,374. Usually has a costshare. Who: 1) people who work and lose eligible as disabled adult child; 2) people who have SSDI	Income over \$1,374; must spenddown to \$541.78 before being eligible.

Proposed:

Group A	Group B	Group C
no change	lower special income limit to \$1,030.50	eliminate

An individual who has unearned income (e.g. Social Security Disability Insurance) totalling \$700-900 is eligible for Waiver services under Group B, but sometimes with a costshare. If they go to work, that work income combined with their unearned income will put them over the special income limit and make them ineligible.



**From the Desk of:
Michael Thomas Reece
201 South Park Street #18
Madison, WI 53715
PH: (608) 251-2230
FAX: 251-4939



Hello, my name is Mike Reece. I have written letters and called all of you as well as to my Legislators. I even had an article in the Wisconsin State Journal explaining why I need the Medical Assistance Personal Care Program. I have gone to Rallies, hearings and numerous meetings on this issue and I am tired.

The things that I've wrote and called about are true. There is nothing more that I nor anyone else can say to convince the Governor to put the M A personal care program back into the budget. So it is up to you and Congress to place the M A Personal care program into the Budget with no changes.

I do want to say that no one blames the Joint Finance Committee or any member of Congress for this mess. I can imagine how difficult this is for all of you to have to decide who gets what and what programs are necessary and what's not. Our Governor is quite a person!

It is my hope that you do NOT give the counties block grants for this vital program. I've been there and done that. Believe me it doesn't work. Back in the 80s I was getting Title 20 from the county which was called Home Care. The \$600.00 per month came in

my name and I had the responsibility of paying my Attendant with it. That part of it was fine for me because I am able to manage my own affairs and I managed my attendants with no problem. However, \$600.00 was the limit at that time and people made more flipping burgers at a fast food joint. So I had to replace attendants about once every two months. Another problem was some of the people receiving Home Care didn't know anything about managing attendants. I know of people who were physically abused and neglected under that system. Plus the \$15.something million that is proposed is not enough to support everyone who is now in the current system. Therefore, the Counties will probably use the money elsewhere because if they can't serve everyone who needs it than why have it at all.

Again, I know this is a hard choice for some of you and the M A personal Care Program is by no means perfect but as it stands now it is the most cost effective and the safest way to keep people in their own homes and out of institutions.

incidentally, my attendant hasn't had any raise ever since the program began in 1990. So if you find any lose change laying around after you are through with the budget, maybe you could give a cost of living increase to the program. ha, ha, ha.

Thank you for your time and understanding.

EMPLOYMENT RESOURCES, INC.

1310 Mendota Street, Suite 107 • Madison, Wisconsin 53714 • 608 246-3444

Public Testimony for Joint Finance Committee

March 27, 1995

Good afternoon. My name is Mary Ridgely, and I work for a non-profit agency called Employment Resources, Inc. We provide consultation to employers who are looking for qualified applicants with disabilities and people with disabilities who are looking to get into the job market.

I am here today to urge you to consider the impact that this budget proposal has on people with disabilities who work, or who want to work in the future.

For the past two and one-half years, Employment Resources, Inc. has been studying the high unemployment rate (almost 90%) among people with physical disabilities. We have found that the **fear of losing benefits, especially Medical coverage, prevents these individuals from pursuing work opportunities.** This budget proposal legitimizes that fear.

There are three ways in which this budget bill increases the disincentives to work:

1. **Elimination of the MA Personal Care program.** I won't spend much time on this, as the reason is obvious. If you have no one to get you out of bed in the morning, you can't go to work.
2. **Elimination of "state-only" SSI recipients.** This results not only in the loss of income for these individuals, but also the loss of Medical Assistance benefits. Without Medical Assistance, they have no way of qualifying for programs which pay for personal assistance services, e.g. MA Personal Care (if it still exists), and the two Medicaid Waiver programs, CIPII and COP-Waiver. These changes affect not only people who are currently receiving only the state portion of the benefit, but people who may find themselves in that situation in the future due to work activity.

How is this a disincentive to work? If an SSI recipient has countable unearned or earned income above the Federal Benefit Rate they are considered "state-

only" and will be eliminated from the program. If they do not have countable income but are planning to work in the future, **adding earned income may jeopardize their continued eligibility.**

3. **Lowering the "special income limit" for Medicaid Waiver participants who are eligible under Group B and to eliminate the Group C "medically needy" category altogether.** Currently, the Group B special income limit is \$1,374.00. The proposed limit is \$1,030.50. This is gross monthly income, and includes earned and unearned income. Therefore, **some individuals will have to quit work in order to remain eligible for waiver services.** Without a Group C category, there would be no way for people to continue working, earn over the special income limit, yet remain eligible for services with a spenddown.

If an individual loses eligibility for MA under the SSI program, they may go to the County to apply for MA. If they have income over \$541.78, they must "spenddown" to that level before they are eligible for the benefit. **Adding earned income will only increase their spenddown.**

If the state really believes in "work, not welfare", and "jobs for everyone", then these cuts will not be approved. People with disabilities want to work, to pay taxes, to contribute to the economy.

Thank you.

Mary Ridgely, M.S.
Employment Resources, Inc.
608-246-3449

Jill E. Taylor, RN, MS
5703 Wilshire Drive
Madison, WI 53711
608-278-4004

Director of Clinical Services
University of Wisconsin
Children's Hospital
608-263-0937

I have recently moved to Madison from California. It is a wonderful city in a wonderful state. I speak in support of the Public Authority for the University of Wisconsin Hospitals and Clinics.

In the six months that I have worked with the University of Wisconsin I have been overwhelmed at the degree of bureaucracy. I have worked in public institutions before, the University of Colorado Hospital--before it became a public authority and the Army. Neither were as complex as the University of Wisconsin Hospitals and Clinics. This bureaucracy plays out in staff at several layers of government doing the same job over and over again. As a result, the obstacles to being able to complete a task in a reasonable time period are insurmountable. Our ability to innovate in response to a changing health care market is severely hampered.

Specifically, the functions of purchasing and human resources are obstacles to my effectiveness in my position. Recruitment for new staff takes two to three months depending on the classification of employee. The patients, the citizens of Wisconsin, are not able to be "on hold" for three months while we recruit a new nurse.

Oversight is appropriate; impediments to effectiveness is not. Thank you for the opportunity to address the Joint Finance Committee.



WISCONSIN HOMECARE ORGANIZATION

For Release:
March 23, 1995

For Further Information Contact:
Kathleen Burns 608-259-1212

Loss of Personal Care Services to Cost Taxpayers \$143 Million

Madison - The loss of funding for personal care services will cost taxpayers more than \$140 million per year according to the Wisconsin Home Care Organization.

"When people lose personal care services in their home they will be forced into nursing homes thereby costing taxpayers more than \$140 million per year," WHO Chairman Charlene Jebens told the Assembly Health Committee today.

Jebens was testifying against a budget proposal that would transfer the responsibility for personal care services to counties but does not provide the current level of funding or require counties to provide the service.

Jebens, who operates the Flambeau Medical Center Home Health Agency in Price County, said that WHO surveyed their member organizations. "We found that 53% of the 7700 people who use this program that is designed to allow people to stay in their home will need to move to higher cost care within six months," Jebens said. For most people that will mean nursing homes although for some it may mean hospital care Jebens said.

The cost of nursing home care is more expensive than in-home care Jebens explained. WHO estimates the cost of providing the nursing home care at \$149 million in FY 97 based on the current per day cost of Medicaid reimbursement. In that year the state will save \$6 million by not operating the current personal care reimbursement program. Wisconsin's share of the cost of Medicaid reimbursement is estimated to be \$60 million according to WHO.

Wisconsin Homecare Organization statistics show that if counties do not provide personal care service to all current recipients:

7,700	persons receiving personal care services
x 0.53	percent of those persons would need to move to higher cost care within six months

4,081	persons moving into nursing homes (or more expensive hospital care)
x \$100	per-day cost in nursing home at Medicaid reimbursement

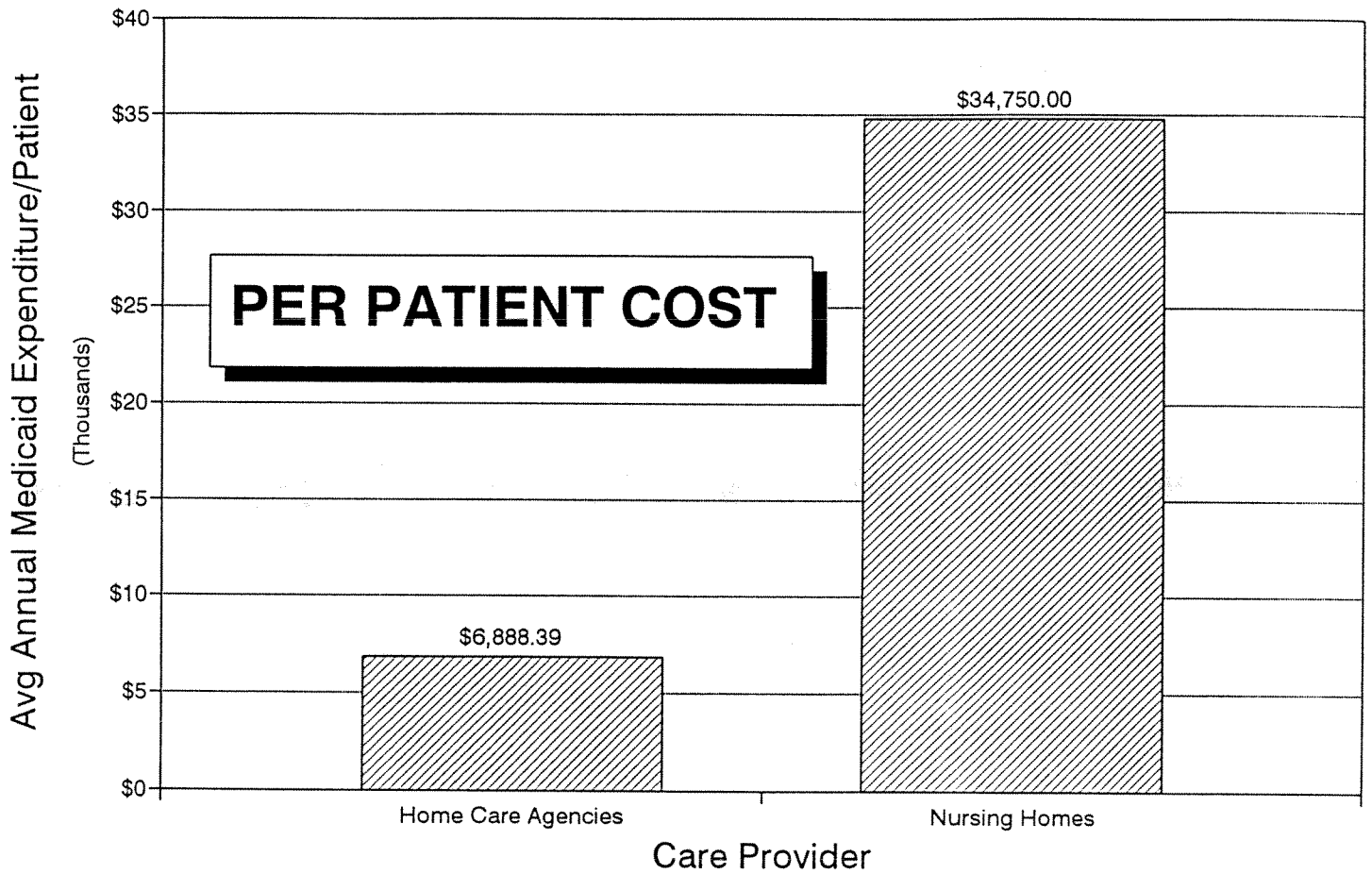
\$ 40,810	per day cost for persons formerly at home
x 365	days per year

\$ 148,956,500	taxpayer cost per year
\$ 59,582,600	state share at 40%

Under the budget provision the state would **save \$3 million in FY 96, but spend \$30 million** for the second half of the year on nursing home reimbursement. In FY 97 the state would **save \$6 million, but spend \$60 million** on nursing home reimbursement.

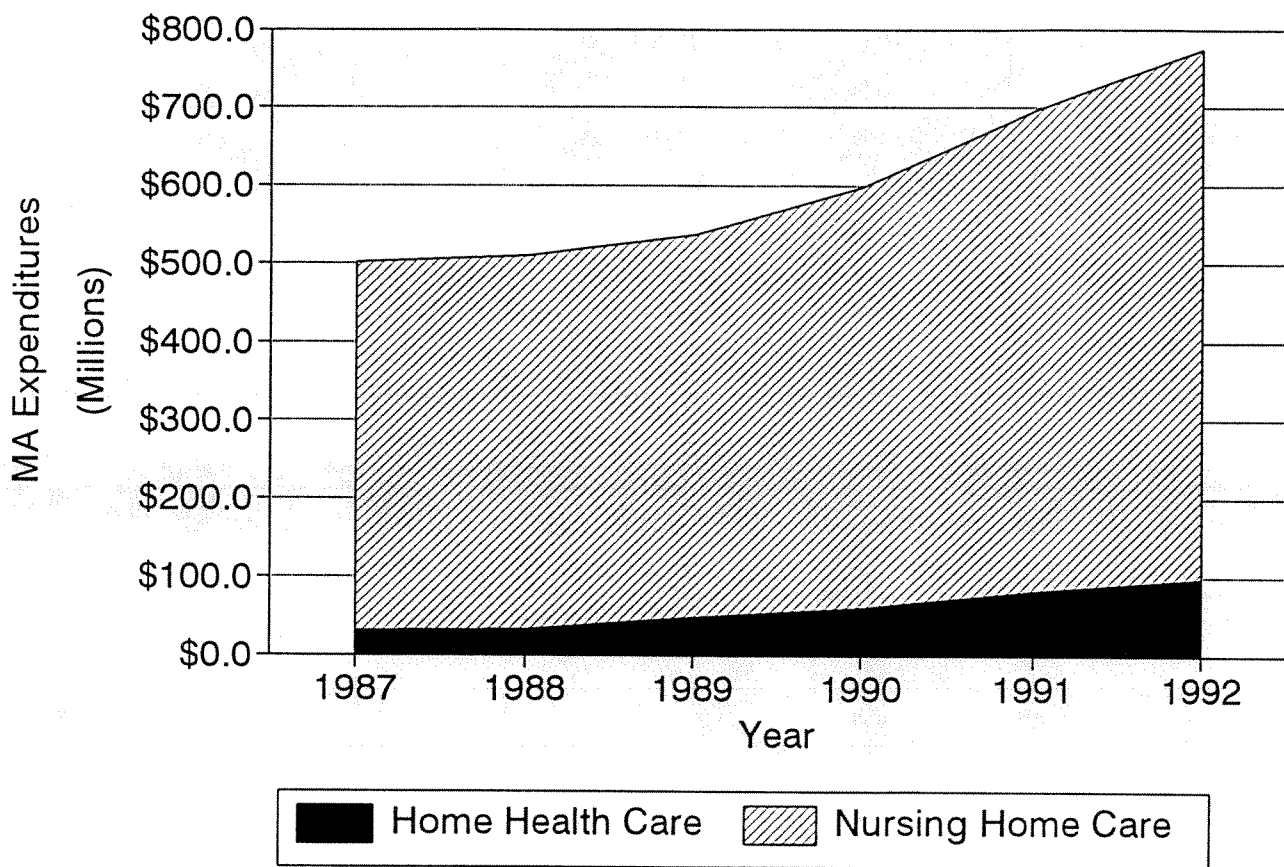
Medical Assistance 1992

Average Annual Expenditures Per Patient



Wisconsin Medical Assistance Spending

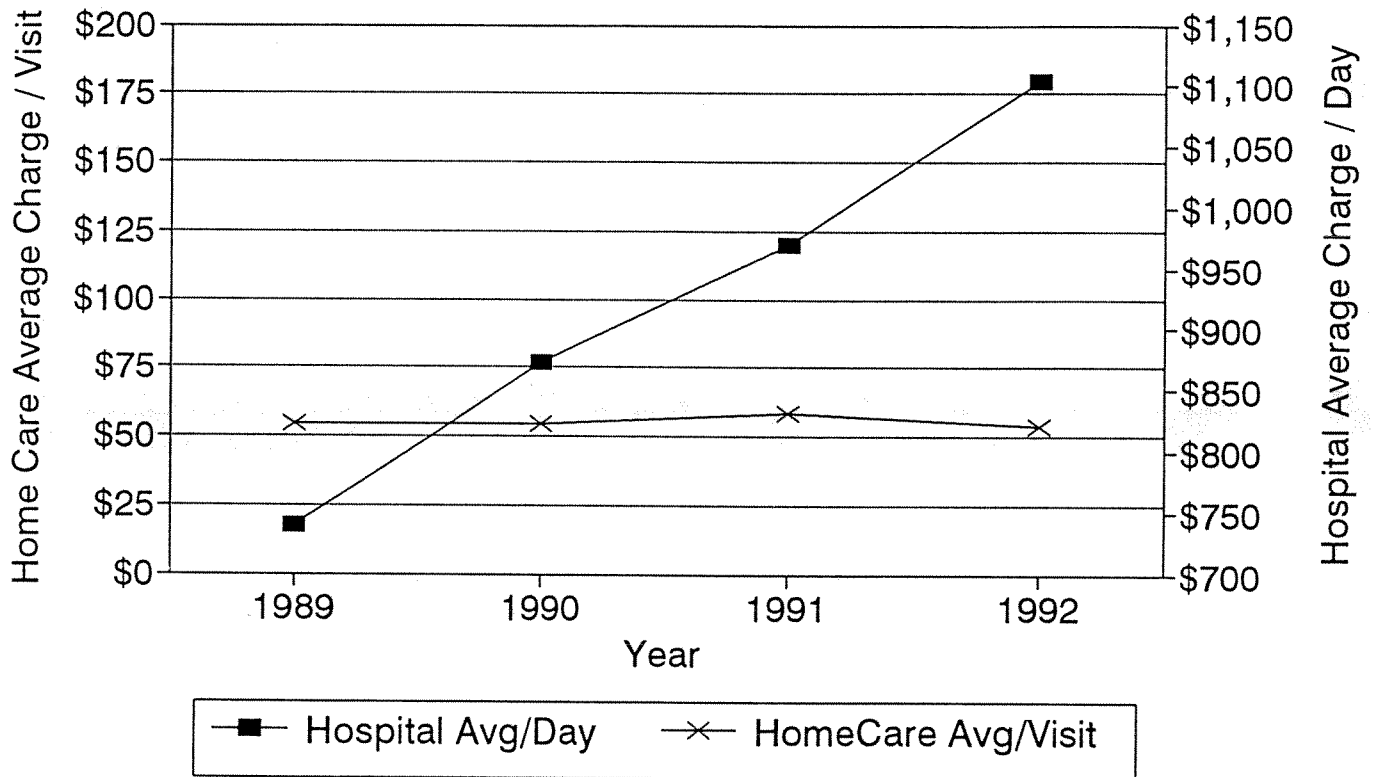
Nursing Home Care and Home Health Care



Source: WI Div. of Health, Center for Health Statistics. "Wisconsin Home Health Services, 92/93." and "1993 Wisconsin Annual Survey of Nursing Homes."

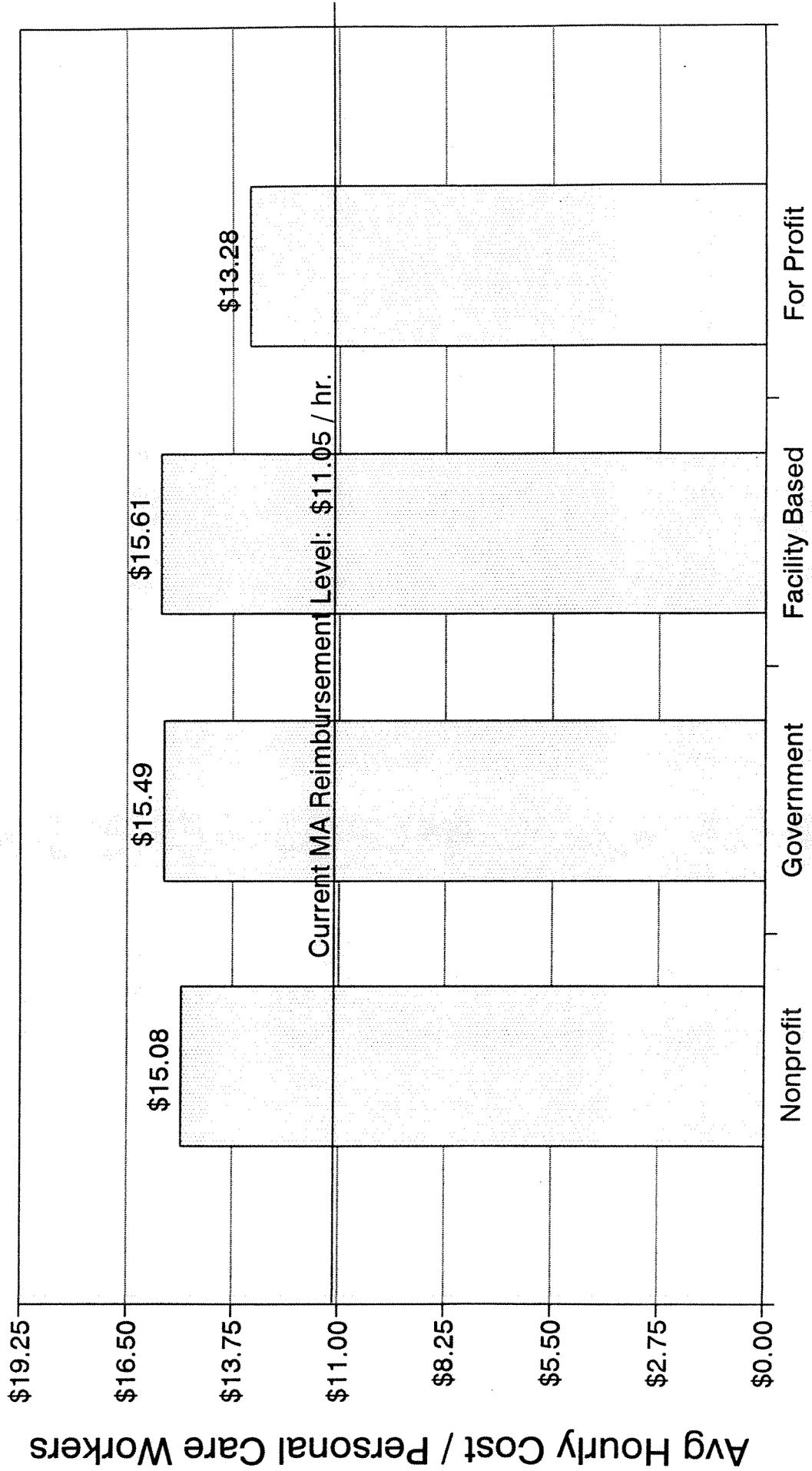
WHO 12/3/95

Average Hospital and Home Care Charges 1989 - 1992

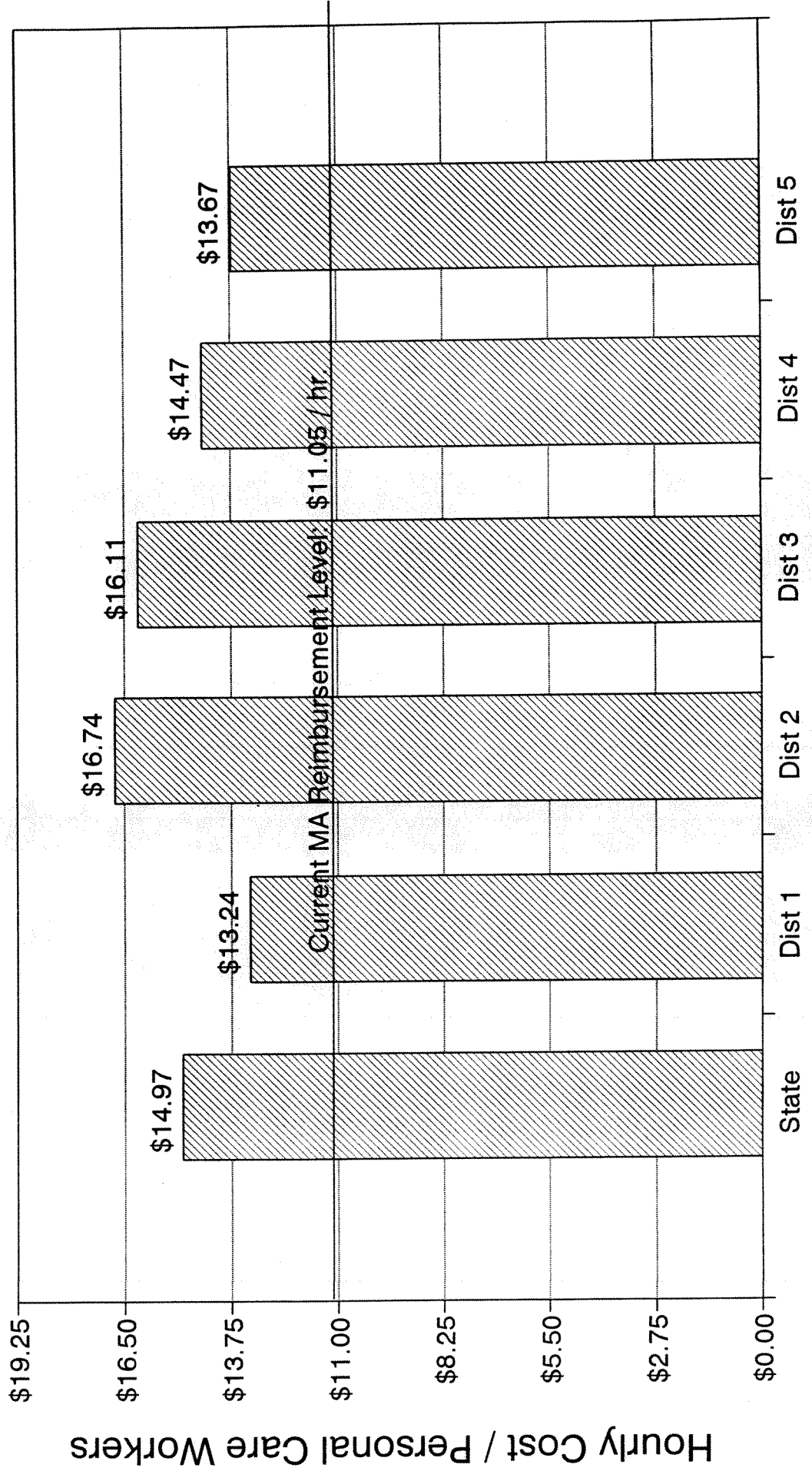


Includes Personal Care Visits
Source: Wisc. DHSS "Home Health Services 92/93"

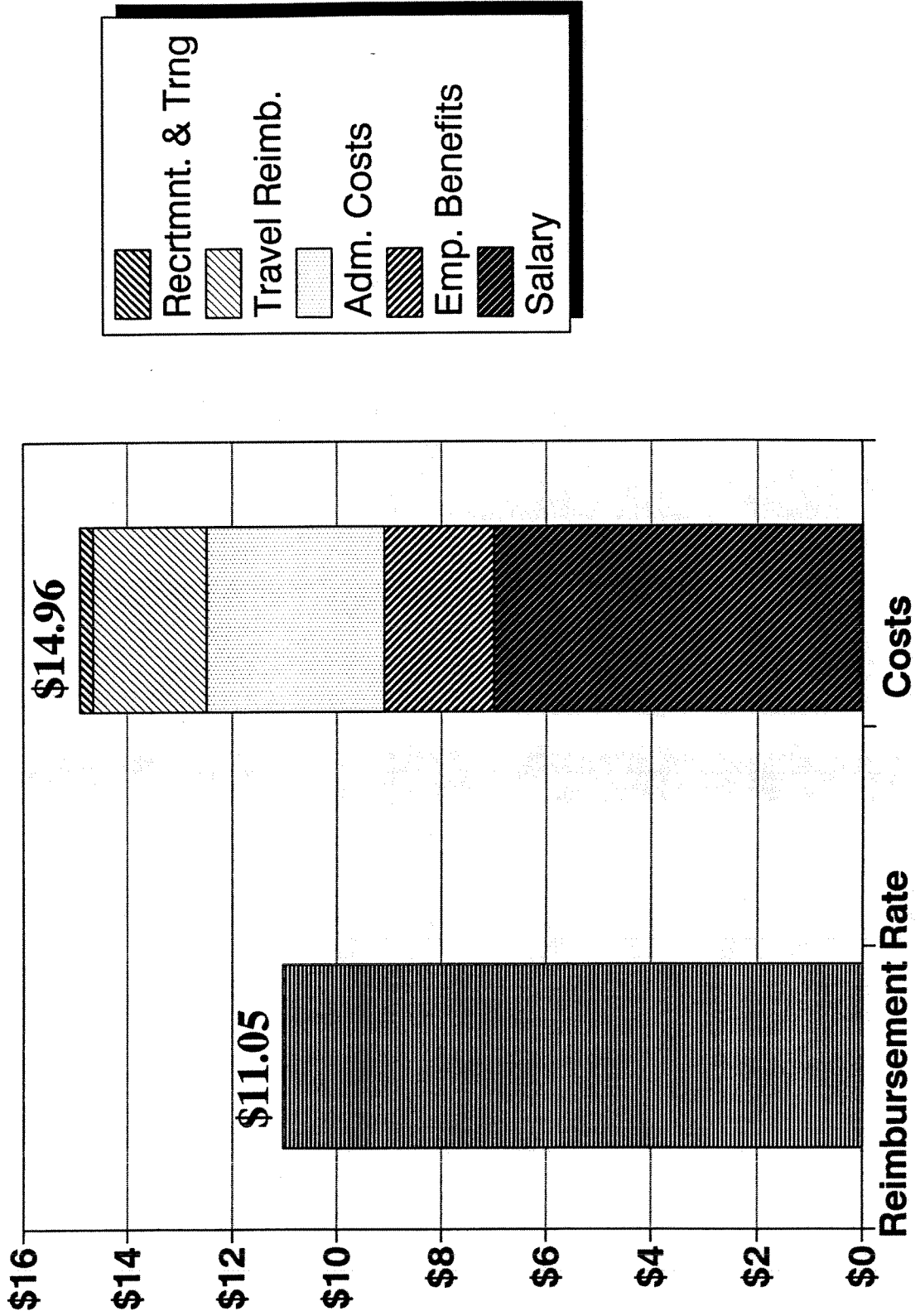
Average Personal Care Worker Cost by Type of Agency



Wisconsin Homecare Organization Personal Care Workers



Reimbursement Rate vs. Costs For Personal Care Workers



1140 Morraine View Dr., #106
Madison, WI 53719
Tel. (608)274-8192

March 27, 1995

Dear Joint Finance Member:

I am writing this letter to ask you to do whatever is in your power to keep me independent and alive.

I'm a person with a disability who--like many others--is gravely threatened by proposed budget cuts in attendant care and nursing home services. However--unlike many others--the particular cuts that endanger me are receiving little notice since they affect fewer people than some of the other cuts. I wish to bring those items that affect me to your attention.

The budget cuts I am referring to are two changes in eligibility for the CIP waiver program, which provides home care for me to function in society. The first of these changes is the lowering of the income limit from \$1374 to \$1030.50. The second, and far more significant, is that if a person is above this limit, they will now be completely unable to obtain CIP services regardless of their medical circumstances; it will no longer be possible to "spend-down" to become eligible.

For example, I currently earn about \$1500 per month and spend over \$1000 of this to pay part of my own medical expenses. This \$1000 is called a "spend-down." My remaining income, \$500, is just low enough to make me eligible for the CIP waiver program (in Group C as a person who is "medically needy"). Only through this "spend-down" ability can people like myself qualify for the medical aid that poor health and limited income necessitate.

If the proposed elimination of "spend-down" goes into effect, I --along with others in the program--will have no options left; as this "spend-down" elimination applies even to nursing home care, there will be nowhere for people with *higher(?)* income levels (i.e. anyone earning over \$1030.50/month) to turn. This affects both the disabled and elderly. Unless one has a family to care for them--which I don't--they'll have no way to receive care. These most needy of people will be thrown into the cold.

I am 30 years old and have lived a productive and meaningful life. I graduated with honors from UW-Whitewater and became a corporate accountant at Wisconsin Power & Light. I worked there until I had to leave due to failing health. Now I am a writer and am very active in the community.

Normally, I end a letter by saying the traditional "please and thanks for your help," but *this* letter calls for something more. I feel like a man who is being wrongly sentenced for an unknown crime. I am at a loss for a way to express myself and my need. All I can do is plead for your aid in restoring this program.

Sincerely yours,

Kenneth D. Rotar

TESTIMONY BY A. ROWLAND TODD
CHAIR, WISCONSIN STATE LEGISLATIVE COMMITTEE
AMERICAN ASSOCIATION OF RETIRED PERSONS
BEFORE THE JOINT FINANCE COMMITTEE
MARCH 27, 1995

AARP has 680,165 members in Wisconsin. We are concerned that many of the provisions in the proposed 1995-97 Wisconsin State Budget will force people into nursing homes. Nursing home care is not required to meet the needs of many of these people. Most of the people would prefer not to live in a nursing home. The alternatives are less expensive than nursing home care. This is why AARP joins with other groups urging a comprehensive long-term care system in Wisconsin.

AARP is concerned about many of the provisions of the Budget Bill reported by other aging and disability groups here today, which would place additional obstacles toward obtaining quality long-term care in the most appropriate setting for all people. Two changes in the Board on Aging and Long-Term Care are:

- Transfer of the Medigap Hotline from the Board on Aging and Long-Term Care to the Office of the Commissioner of Insurance - The nature of the services offered through the Medigap Hotline are different from the Insurance Complaint Hotline operated by the Insurance Commissioner. It offers information and counseling on programs which supplement Medicare, including Medical Assistance.
- The elimination of the Ombudsman Supervisor Position - In addition to supervising the Board's eight ombudsmen, the Supervisor recruits, trains and supervises volunteers who assist in monitoring care in nursing homes, community based residential facilities and other long-term care. AARP Health Advocacy Services volunteers participate in this volunteer program. The service of the volunteers is necessary because of the small ombudsman staff, since Wisconsin has 1 ombudsman staff person compared to from 2 to 7 in other Midwestern states.

Do not make these changes in the Budget Bill.

A. Rowland Todd, Chair
State Legislative Committee
American Association of Retired Persons
5529 Gettle Avenue
Madison, Wisconsin 53705
(608) 238-2289



Bringing lifetimes of experience and leadership to serve all generations.

WISCONSIN STATE LEGISLATIVE COMMITTEE

CHAIR
Mr. A. Rowland Todd
5529 Gettle Avenue
Madison, WI 53705
(608) 238-2289

VICE CHAIR
Mr. Frank B. Blake
P.O. Box 1581
Oshkosh, WI 54902
(414) 233-6363

SECRETARY
Mrs. Estelle Z. Katz
220 W. Cherokee Circle
Milwaukee, WI 53217
(414) 352-7281

COORDINATOR
Capital City Task Force
Mrs. Ellen D. Rabenhorst
33 S. Midvale Boulevard
Madison, WI 53705
(608) 238-0882

Statement before the Joint Finance Committee
(March 27, 1995)
re the Community Options Program
by Helen DeBardleben, AARP Capital City Task Force

AARP urges you to continue your support of the Community Options Program (COP) by providing increased funds for that program. COP's lengthy waiting list should be decreased by providing COP funds for additional patients rather than by forcing those people into nursing homes. The currently budgeted increase for COP reflects only the cost of continuing to serve the number of persons served in 1995. In addition, the Governor proposes to repeal Act 469 which you enacted to allow a transfer of money to COP from any actual savings in the number of nursing home days paid by Medical Assistance from one fiscal year to the next. Repeal of Act 469 removes the authority of the Joint Finance Committee to transfer as much of those funds as it deems appropriate to COP. Since care under COP has been proved to cost a monthly average of at least 25% less than nursing home care and since there is a strong preference for home care on the part of many individuals, there appears to be no reason for directing more funds to institutional care over home care.

This budget seems to have a commitment to institutional care. It lowers the level of assets and income allowed for a spouse of a nursing home resident. This makes that spouse more vulnerable economically so that he or she may also become destitute and have to rely on governmental assistance and possibly nursing home care.

Eliminating personal care as an MA benefit will decrease the federal revenue under Medical Assistance and put an increased burden on supportive home care at the county level. Although the amount allocated from the state to the county for supportive home care is increased in the budget, it is not required that it be used for that purpose, and some individuals will be forced to go into nursing homes as a result of the loss of availability of personal care funds.

It is important that COP, as a program which serves state residents well and in an economically sound manner, be supported strongly during these difficult times.

PUBLIC TESTIMONY FOR JOINT FINANCE

I urge you not to eliminate Medical Assistance Personal Care from the 1995-1997 Executive Budget.

Without this service, my life will change dramatically. I am 43 years old and have had cerebral palsy all my life. My personal care workers provide all of my personal cares such as bathing, dressing, bowel and bladder care, oral hygiene, meal preparation and housekeeping needs.

This program provides me with one-on-one care for several hours a day, where as a nursing home would charge for 24 hour care.

Without MA personal care program I would be forced to give up everything I have worked for, leave my apartment and enter a nursing home.

I have worked at Oscar Mayer for 14 years. I have my own van and a dog I love very much. The single most important thing to me is to remain in my home, living my life as independently as possible. This proposed budget would take this opportunity away from me.

Living life with a disability is not always easy, but living in my home allows me to retain my dignity and continue to play a role in the community I love.

Please keep this vital program in the budget.

Thank you.

Eli Ostoich
624 E. Dayton St.
Madison, WI 53703
(608) 257-8317

3/25/95

Hello, my name is Eli Ostoich. I just found out Friday that I will be affected by the SSI cuts when my federal PASS program ends. I have been working part time at Oscar Mayer for 14 years, When the SSI cuts take place I will have to quit my job and I will loose my federal MA card. That means I will have to apply at Dane County for a MA card. How will I get my personal care needs met, Since it takes the 2-4 months to process a MA card. Is it really in the interest of the state for me to quit my job and stop paying income taxes and all the other taxes?

I love my job I do not want to quit, but if I have to choose between my job and MA personal care I do not have any choice. MAPC keeps me living in my apartment with my dog.

Please reconsider if these cuts are in the best interest of the state.

Eli Ostoich
624 E. Dayton Street. #13
Madison, Wi. 53703