

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 4/17/01

BILL NO. _____
OR

SUBJECT estate recovery
provisions - med care

(NAME) Mary Lee Darnell

(Street Address or Route Number) P.O. Box 168

(City and Zip Code) Edgerton, WI 53534

(Representing) _____

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

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

SENATE HEARING SLIP

(Please Print Plainly)

DATE: April 17th

BILL NO. _____
OR

SUBJECT Health & Human
Services

(NAME) Virginia Secwell

(Street Address or Route Number) 6411 Ling Center Rd

(City and Zip Code) Whitewater WI 53190

(Representing) our handicapped son
Funding follows the client's self-determination

Speaking in Favor:
funding that reflects the wage rates in an area for kind of work

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

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

SENATE HEARING SLIP

(Please Print Plainly)

DATE: April 17 17

BILL NO. _____
OR

SUBJECT Budget / People
with disabilities

(NAME) Roland Forwell

(Street Address or Route Number) 6411 Ling Center Rd

(City and Zip Code) Whitewater, WI 53190

(Representing) My family & others with
with disabilities

Speaking in Favor:
Increased funding for people with disabilities

Speaking Against:
Self determination

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

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P.O. Box 7882
Madison, WI 53707-7882

506

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 4-17-2001

BILL NO. HEALTH CARE
OR

SUBJECT Prescription Drugs

2110 Support

(NAME)
Juan D Collins
(Street Address or Route Number)

JAMESVILLE WI 53546
(City and Zip Code)

JAN AW KOCA/1266
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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



FAMILIES ARE WORTH IT

2001-2003 Proposal for the Children with Disabilities and their Families Budget Package

For more information contact:
Liz Hecht at 608-263-7148; hecht@waisman.wisc.edu

Waiting lists for services for children with disabilities and their families have grown dramatically in recent years. The children's system is also too complex and hard to navigate, with too many rules and too little flexibility. Certain services are available in some counties but not others, and service coordination is available for only a fraction of the families who need it. Medicaid prior authorization decisions are too far removed from the person, involve too much red tape, and are often unfair. Parents do not have enough say in the planning process for their families.

Family Support Program & Birth to Three Services

To serve all families on current Family Support Program waiting lists:

- Provide \$2.5 million in new GPR funds in Year 1 of the biennium -- to begin phasing in families on waiting lists
- Provide \$5 million in new GPR funds in Year 2 of the biennium -- to complete the phase-in (2500 families at \$2,000/year = \$5 million per year)

Increase funding for the Birth to Three program:

- Provide \$2 million GPR in Year 1 and \$2 million GPR in Year 2 -- to reduce delays in receiving Birth to Three services

Lifespan Respite Initiatives

- Provide an increase of \$225,000 in each year to add 7 respite projects to the existing 5 projects

Increase Funding for Special Education

- Increase Special Education Categorical Aids to reimburse 50% of local special education costs
- Implement DPI's proposal for high cost children in Year 1 of the biennium (rather than Year 2 as DPI proposes): for students whose costs exceed three times the state average expenditure/student, the state will cover 90% of the excess costs (above the three times the average level)
- Expand on DPI's proposal for alternative education program funding: provide \$5 million in Year 1 and \$10 million in Year 2
- Expand Integrated Services Programs (also known as wrap-around programs) for children with severe emotional disabilities to all counties: \$3.2 million for services and \$800,000 for state staff to administer the program in each year
- Modify the Medicaid school based services formula so school districts receive 100% of the federal cost-sharing reimbursement

Changing the System - Getting Children's Long Term Care Redesign Started

What Needs to be Fixed - It's Not Just Funding:

- the system is too complex and hard to navigate,
- some services are available in one county but not in another county,
- too many rules and little flexibility in the way services are provided,
- service coordination is only available for a fraction of the families who need it,
- Medicaid prior authorization decisions are too far removed from the person, involve too much red tape, and are often unfair,
- it's hard to get clear and accurate information about services,
- parents don't have enough say in the planning process for their families,
- some families need a higher level of services than can be attained through any of the programs, and
- adult services are a higher priority than children's services in Family Care counties.

Changing the System means changing State Law:

- to authorize new flexible 1915C Medicaid Waiver (to access more federal funds for children's services)
- to authorize 4-8 pilot counties in 2001-02 serving 20% of the eligible children in Wisconsin
- to establish a right to service for children with significant long term care needs
- to provide an assurance of continuity of service (i.e. families currently receiving services will not lose them)
- to allow children and families to convert from CIP 1A, CIP 1B, COP-W to the new waiver in the pilot counties (if they want to)

We also need "a new way of doing business" in the Children's Long Term Care System

- families will be partners with the system (including in Medicaid prior authorization decisions)
- service coordination for all children/families who need it
- outcome based services
- information and assistance readily available

Funding in 2001-2003 for Children's Long Term Care Redesign:

- Additional GPR (state general purpose revenue) funds above and beyond a fully-funded Family Support Program (see above) to implement Children's Long Term Care Redesign in 4-8 pilot counties.

Year 1: \$900,000 GPR for services
\$390,000 for state and county planning/administration

Year 2: \$2.7 million GPR for services
\$620,000 for state and county planning/administration



STATE INSTITUTIONS

2001-2003 Proposal for the State Centers for the Developmentally Disabled

Moving Toward a Single, Community-Based System for All

For more information contact:

Lisa Mills at 414-483-2546; lmills@peoplefirstwi.org

Just 844 people with developmental disabilities now live in the three State Centers for People with Developmental Disabilities. This population continues to decrease every year, as the community service system that Wisconsin has developed repeatedly demonstrates the capacity to support these individuals to live in ordinary communities, close to other citizens and with opportunities for a multitude of life experiences that were otherwise denied as the result of living in the State Centers.

Over 35,000 people with developmental disabilities now receive supports through this community-based system. Yet Wisconsin continues to maintain the State Centers as a separate institutional system that now costs \$30 million more than what it would cost to provide comparable support in the community for the 844 Center residents. The only way to reduce this significant waste of precious tax dollars is to close the State Centers.

The state's Department of Health and Family Services has acknowledged that Center resident's support needs could be met in the community, and that only a handful of residents would require a rate equal to or higher than the \$400 average daily rate currently being paid to the Centers for residents'

care. When funds are available to adequately support a person in the community, Wisconsin law and the *Olmstead* Supreme Court decision require people to be placed in the community. Ten other states, including Minnesota, have closed their State Centers and strengthened their community systems.

For financial, legal, programmatic and humanitarian reasons, the time has come for the state of Wisconsin to move from a dual service system, with a costly institutional bias, to a single, community-based system. The state should invest the savings achieved from this transition to strengthen the community system for all persons with developmental disabilities.

Legislative Initiatives:

- Close Northern Wisconsin Center and Southern Wisconsin Center within five years.
- Provide sufficient funding for quality support in the community by increasing the CIP 1A rate beginning July 1, 2001, to \$300 per day. Continue to increase the rate over the next budget periods as needed to ensure the efficient transfer of Center residents to supported community settings.
- Retain the savings achieved from Center closings to strengthen the community-based developmental disabilities service system.
- As each Center is closed, residents should move to the community settings that meet their support needs and not simply be transferred to a remaining State Center or other institutional setting.
- Increase the CIP 1-A rate for people currently living in the community to \$160 / day.



ASSISTIVE TECHNOLOGY

2001 - 2003 Budget Proposal for Independent Living Assistive Technology

For more information contact:
Maureen Ryan at 608-251-9151; mryan@gdinet.com

Through the WisTech Program, Wisconsin has built a successful infrastructure for the provision of providing quality cost effective assistive technology services. Without new resources, this important infrastructure will wither on the vine. Funds are needed to retain AT staff that are crucial to the successful provision of technology by DVR, Department of Workforce Development (DWD) One-Stop Shops, the Pathways Initiative, the Work Incentives Act (WIAA) initiatives, and the Family Care initiative.

Purpose

The purpose of the Independent Living Assistive Technology Proposal is to provide resources and technical assistance regarding assistive technology to persons of all disabilities and all ages in the state of Wisconsin.

History

In 1990, the National Technology Act provided funding to all 50 states to develop a central resource in each state for the dissemination of assistive technology/adaptive equipment information. In 1992, Wisconsin obtained a \$640,000 annual grant extended to 10 years, to create the WisTech Program located at the Division of Vocational Rehabilitation (DVR). The idea of WisTech was that subcontracting to each of the eight Independent Living Centers (ILCs), Wisconsin Coalition for Advocacy (WCA), and Agrability provides Wisconsin with regional "technology" experts.

The WisTech program met the need of DVR, schools and local businesses to have a centralized resource for assistive technology/adaptive equipment information. The project was,

and is, a perfect fit for Independent Living Centers, as technology/adaptive equipment is available and needed by persons of all disabilities and of all ages. Not only did WisTech fund ILC staff, but also, over the past 9 years it has helped each of the ILC's build an inventory of approximately \$35,000 of assistive technology/adaptive equipment. Since 1994, WisTech has also funded WCA's Assistive Technology Advocacy Program, and WCA has worked with the ILCs and other AT partners to identify and remove funding barriers.

Benefits

- Technology/adaptive equipment specialists save money for DVR, Medicaid, insurance, etc. By getting good information and test trials, scarce resources are maximized as individuals obtain appropriate equipment that works for them, rather than unsuitable equipment that doesn't get used.
- Technology/Adaptive Equipment allows individuals to be employed and less dependent upon paid help or institutional care.
- New state initiatives, such as

Pathways and Family Care, are dependent on technology to help individuals to be independent and minimize care and support of others.

- The Agrability resource allows for the specialized expertise needed to assist farmers with disabilities to continue their chosen career.
- The systemic efforts of WCA create a long term cost effective solution related to technology in schools, human services, and the business community.

Cost Effectiveness

When looking at cost-effectiveness of assistive technology for Activities of Daily Living (ADLs), you are really asking the question, "How does this item reduce the need for human assistance?" The equation, in dollars and cents, becomes people time vs. the price of the technology. Human assistance, be it a van driver or personal care assistant, is an ongoing expense for the duration of the person's disability. Equipment is a one-time purchase (with replacement as things wear out). But the equation goes far beyond this. As a person with a disability develops the awareness that their environment is

handicapped, or has barriers, not themselves as a person, they start to realize how other barriers can be overcome. This may lead to increased independence, not just for daily living, but in other areas, like employment. Once a person, business, and community can see that environments can be modified to fit individuals needs that allow them to be productive citizens - the sky's the limit!

Grab bars, lift systems, and motorized wheelchairs are examples of assistive technology which can help reduce the need for personal care assistance. An average grab bar costs about \$20 and can be reused time and time again. Personal Care Assistance (PCA) care costs about \$15.50/hour and has to be continually used for assistance in transferring.

A lift system can vary in price, but starts around \$5000 for a basic system. It is a high tech item used in assisting people to transfer independently or semi-independently. The price of a track lift system equates to about the same cost as 277 hours of personal care assistance. Say a person uses the track lift system for 10 years. The cost of the track system over 10 years would be cost effective if it reduced the need for PCA care by a little more than 30 minutes a week. Usually the savings in time will be much greater than this, allowing family members or the individual with a disability to transfer themselves. It also helps prevent back injuries among PCA workers and can help prevent potential injuries to the consumer during a transfer. Apply the same math to having someone being pushed in a manual wheelchair vs. using an electric wheelchair. The savings can be immense.

The proposal we are suggesting is

General Purpose Revenue (GPR) funding of:	\$800,000
1. Independent Living Centers: (ILCs) for the eight Wisconsin ILC's (\$60,000 ea.)	\$480,000
2. Wisconsin Coalition for Advocacy (WCA)	\$120,000
3. Office for Persons with Physical Disabilities (OPPD)	\$60,000
4. Agrability	\$60,000
5. Wheelchair Recycling Program	\$80,000

ILC's

The \$60,000 to each ILC would be used to maintain a full time Assistive Technology/Adaptive Equipment Specialist and funds for the ILC's to maintain the Assistive Device/Equipment Loan Closet. The Assistive Technology Specialist would provide information, resources and assessments for person's assistive technology needs. This would be based on the existing and latest information and products available. The Assistive Technology Specialist would maintain the equipment loan closet for test trials.

WCA

The \$120,000 would allow WCA to maintain two positions to provide statewide systemic advocacy on assistive technology issues. The position would focus on assessing systemic barriers to the provision of technology in school systems, human service programs, businesses, and public and private insurance programs. WCA staff will develop education, training, technical assistance, and advocacy services to overcome the barriers.

OPPD

The \$60,000 to OPPD would provide the office a staff to administer the state funding, develop statewide reporting mechanisms, contract performance evaluation, training and additional resource development. Specifically, in the area of resource development, the staff would work with assistive technology/adaptive equipment vendors to obtain equipment to maintain and update the trial equipment.

AGRABILITY

Provide Easter Seals Society of Wisconsin with \$60,000 to staff their unique program of providing persons with disabilities in the agricultural industry, living in the state of Wisconsin, with specialized assistance regarding adaptations/modifications to continue their chosen profession.

WHEELCHAIR RECYCLING PROGRAM

The \$80,000 will fund a staff person to provide recycled medical equipment directly to consumers and programs in need and for equipment parts, maintenance and distribution costs.



TRANSPORTATION

2001 - 2003 Budget Proposal to Support Accessible Transportation for People with Disabilities

For more information contact:
Michael Blumenfeld at 608-257-1888; blumk@aol.com

Accessible transportation is essential if people with disabilities, particularly people with severe disabilities, are to live independently in the community. This transportation access includes the removal of physical, structural, communication and environmental barriers. While the accessibility of public transportation has increased considerably in the last decade, numerous barriers remain. People with disabilities are far from being able to assume that the transportation they need will be accessible and usable by them.

If Wisconsin is to become serious about removing barriers to employment for people with disabilities, creativity in transportation patterns and funding will need to be encouraged. It is important to remember that not all employment occurs during the hours of 8:00 a.m. and 5:00 p.m., and alternative programs need to be implemented.

The Elderly and Disabled Transportation Program (85.21), created in 1978, assists counties with the delivery of services to improve and promote transportation for older adults and people with disabilities. At its inception, 85.21 funds were intended to meet a variety of travel needs including medical, nutrition, grocery, employment, social and personal trips. In practice, 85.21 has come to be used primarily for medical and nutrition trips. Even though the program states that a variety of trip purposes should be provided, the funds available each year cannot keep pace with the demand experienced in Wisconsin's counties.

The proposed increase in funding for the Elderly and Disabled

Transportation Program is \$225,800 in 2001-02 and \$483,500 in 2002-03 - only a fraction of what is needed.

To make up the difference, counties are forced to use other funding sources, such as the Community Options Program (COP) and Medical Assistance (MA). If sufficient 85.21 funding were provided, COP and MA could be better utilized to provide the support services for which those funds are intended and very much needed.

Due to a lack of funding, a number of necessary transportation services are not being provided. Despite the fact that many counties have volunteer driver programs that enhance services and diligently stretch transportation dollars, the majority of counties are unable to provide services in the evening and on weekends. Many of the counties are unable to provide eligible persons with transportation to work, for personal needs or for general service, nor are they able to replace vehicles when necessary.

In addition, persons with disabilities and the elderly in many coun-

ties are experiencing long waits for transportation services and caps on the number of trips that they can take each month. Transportation programs do little outreach or advertising because they cannot serve the existing need, and eligible participants do not request services because they know that they will be denied.

We support:

- Increasing funding of the 85.21 program by at least \$7.5 million each calendar year (\$11.25 million over the 2001-2003 biennium) to allow people with disabilities access to transportation for employment and medical reasons, in addition to social and personal trips.



OVERVIEW

2001-2003 Budget Proposal for Disability Services from the Survival Coalition of Wisconsin

For more information contact: Lynn Breedlove at 608-267-0214; lynnb@w-c-a.org or Michael Blumenfeld at 608-257-1888; blumk@aol.com

The following are Wisconsin budget recommendations developed by the Wisconsin Survival Coalition, a statewide group of individuals and organizations who are concerned about the community inclusion and availability of quality services for people with disabilities.

Waiting List Initiative

- Eliminate waiting lists for persons with developmental disabilities and persons with brain injuries - \$6 million General Purpose Revenue (GPR) in Yr. 1 and \$32 million GPR in Yr. 2 for Community Integration Program (CIP) IB and Brain Injury Waiver
- Eliminate waiting lists for persons with physical disabilities - \$2 million GPR in Yr. 1 and \$6 million GPR in Yr. 2 for COP-Waiver
- Eliminate waiting lists for the Family Support Program - \$2.5 million GPR in Yr. 1 & \$5 million GPR in Yr. 2
- Increase funding for the Birth to 3 program - \$2 million GPR in Yr. 1 and \$2 million GPR in Yr. 2
- Eliminate waiting lists for Medicaid Community Support Programs for adults with mental illness - \$450,000 GPR in Yr. 1 and \$1.5 million GPR in Yr. 2

Community Services Crisis

- Provide \$30 million GPR in Year 1 and \$60 million in Year 2 to increase wages for community service workers by 30%

"Families are Worth It" Children and Families Package

- Begin piloting Children's Long Term Support (LTC) Redesign (serve 20% of the state's eligible children) - \$1.3 million GPR in Year 1 and \$3.3 million GPR in Year 2
- Increase funding for the Family Support Program and the Birth to 3 Program *
- Add 7 more projects to the Lifespan Respite Initiative - \$225,000 each year
- Increase funding for Special Education

State Institutions

- Increase the Community Integration Program (CIP) IA rate to \$300/day to support State Center residents to return to their communities, and \$160/day for people who previously moved to the community
- Close two State Centers within five years

Family Care

- Funding for the Alternative Model
- Funding for the Family Care Independent Advocacy System

Mental Health Package

- Increase funding for Mental Health/Substance Abuse demonstration project counties, and fund independent advocacy component, evaluation and planning
- Medicaid Community Support Program (CSP) funding to end waiting lists*
- Funding for Medicaid Comprehensive Community Service benefit
- Increase funding for wraparound services for children with severe emotional disabilities
- Comprehensive Mental Health/Substance Abuse Parity legislation
- Increase funding for consumer and family support

Cross Disability Programs

- Division of Vocational Rehabilitation (DVR) funding and reforms
- Specialized transportation funding
- Assistive Technology Initiative
- Prescription drug benefit for people with disabilities

** Also part of the Waiting List Initiative*

The Survival Coalition

The Survival Coalition is the statewide coalition of disability organizations. Survival monitors the progress of state agency and legislative proposals that affect people with disabilities and educates legislators about the needs of people with disabilities.

Survival also sponsors the biennial Disability Awareness Day rally at the State Capitol. The "People Can't Wait" rally on April 25, 2001 will focus on the waiting lists for community services for both people with disabilities and the elderly.

Leadership

Michael Blumenfeld, Co-Chair
16 N. Carroll Street, Suite 800
Madison, WI 53703-2726
(608) 257-1888
blumk@aol.com

Lynn Breedlove, Co-Chair
Wisconsin Coalition for Advocacy
16 N. Carroll Street, Suite 400
Madison, WI 53703
(608) 267-0214
lynnb@w-c-a.org

For further information visit www.wcdd.org and click on "DAWN", the Disability Advocates Wisconsin Network website.

Survival Coalition Participants

- Access to Independence
- ARC Milwaukee
- The Arc-Wisconsin Disability Association
- The Arc-Dane County
- Autism Society of Wisconsin
- Autism Society of SE WI
- Board on Aging and Long Term Care
- Brain Injury Association of WI
- Brotoloc Health Care
- Citizen Advocacy
- Coalition of Wisconsin Aging Groups
- Community Alliance of Providers of Wisconsin, Inc. (CAPOW)
- Community Living Alliance
- Council for the Deaf and Hard of Hearing
- Council on Blindness
- Easter Seals of Wisconsin
- EBTIDE
- Epilepsy Foundation of South Central Wisconsin
- Family Assistance Center for Education, Training and Support (FACETS)
- Great Rivers Independent Living Services
- Independence First
- KindCare, Inc
- Kuality Kare
- Learning Disabilities Association of Wisconsin-Dane County
- Lutheran Social Services
- Mental Health Association in Milwaukee County/Office of Public Policy
- National Alliance for the Mentally Ill – Wisconsin (NAMI)
- Options for Independent Living
- Parent Education Project (PEP) of Wisconsin
- Prader-Willi Association
- Rehabilitation For Wisconsin, Inc. (RFW)
- Society's Assets
- Spinal Cord Injury Association Madison Area Chapter
- State Independent Living Council
- United Cerebral Palsy (UCP) of WI
- UCP of Southeastern WI
- Wisconsin ADAPT
- Wisconsin Alcohol, Drugs & Disability Association (WADDA)
- Wisconsin Association of the Deaf
- Wisconsin Association of Family & Children's Agencies
- Wisconsin Association of Residential Facilities (WARF)
- Wisconsin Client Assistance Program
- Wisconsin Coalition for Advocacy
- Wisconsin Coalition of Independent Living Centers (WCILC)
- Wisconsin Council on Children and Families (WCCF)
- Wisconsin Council on Developmental Disabilities (WCDD)
- Wisconsin Council for People with Physical Disabilities
- Wisconsin Family Ties
- Wisconsin Occupational Therapy Association (WOTA)
- Wisconsin Personal Services Alternatives (WPSA)



GOVERNOR'S BUDGET

2001-2003 Survival Coalition Proposal for Disability Services vs. Governor's Budget Recommendations

Budget information prepared by Gerry Born, ARC-Wisconsin Disability Association, (608) 251-9272; arcwger@itis.com

<p><i>The Waiting List Initiative</i></p> <p>Proposal: Eliminate waiting lists for persons with developmental disabilities and persons with brain injuries - \$6 million GPR in Yr. 1 and \$32 million GPR in Yr. 2 for CIP IB and Brain Injury Waiver</p> <p>Proposal: Eliminate waiting lists for persons with physical disabilities - \$2 million GPR in Yr. 1 and \$6 million GPR in Yr. 2. for COP-Waiver</p>	<p>Budget: \$0 for Waiting List and All Community Care</p>
<p>Proposal: Eliminate waiting lists for the Family Support Program - \$2.5 million GPR in Year 1 & \$5 million GPR in Year 2</p>	<p>Budget: \$0 for Family Support</p>
<p>Proposal: Increase funding for the Birth to 3 program - \$2 million GPR in Yr. 1 and \$2 million GPR in Yr. 2</p>	<p>Budget: \$0 for Birth to Three</p>
<p>Proposal: Eliminate waiting lists for Medicaid Community Support Programs for adults with mental illness - \$450,000 GPR in Yr. 1 and \$1.5 million GPR in Yr. 2</p>	<p>Budget: \$928,000 Federal funds each year for Prevention, Early Intervention and Recovery Services</p>
<p><i>Crisis in Community Services</i></p> <p>Proposal: Provide \$30 million GPR in Year 1 and \$60 million in Year 2 to increase wages for community service workers by 30%.</p>	<p>Budget: \$0 Rate Increases</p>
<p><i>"Families are Worth It" Children and Families Package</i></p> <p>Proposal: Begin piloting Children's LTC Redesign (serve 20% of the state's eligible children) - \$1.3 million GPR in Year 1 and \$3.3 million GPR in Year 2.</p>	<p>Budget: Language to apply for authorizing waivers, but no funds</p>
<p>Proposal: Increase funding for the Family Support Program and the Birth to Three Program*</p> <p>Proposal: Add 7 more projects to the Lifespan Respite Initiative (@\$225,000 each year)</p>	<p>Budget: \$0</p>
<p>Proposal: Increase funding for Special Education</p>	<p>Budget: Additional \$10 million yr. 1 and additional \$15 million yr. 2 GPR, which still represents a decline in the state special education reimbursement rate from 35.7% to 33.2%.</p>

<p><i>State Institutions</i></p> <p>Proposal: Increase the CIP IA rate to \$300/day for new placements, and \$160/day for people who previously moved to the community. Close two State Centers within five years.</p>	<p>New CIP 1A placement rate increase to \$200 first year and \$225 in year 2. Thirty placements per year are expected to be made.</p>
<p><i>Family Care</i></p> <p>Proposal: Funding for the Alternative Model</p>	<p>Budget: No additional pilots; reduce non-MA enrollments by 50%; reduce resource center inflation by \$577,251; eliminate LTC Council, external advocacy and start up funding for new sites totalling a reduction of \$699,765. Total changes from DHFS request equal a reduction of 22,697,078. Total increase for the biennium is \$10,841,811</p>
<p><i>Mental Health Package</i></p> <p>Proposal: Increase funding for Mental Health/Substance Abuse demonstration project counties, and fund independent advocacy component, evaluation and planning</p> <p>Proposal: Medicaid CSP funding to end waiting lists (which violate Medicaid law)*</p> <p>Proposal: Funding for Comprehensive Community Service benefit</p> <p>Proposal: Increase funding for wraparound services for children with severe emotional disabilities</p> <p>Proposal: Comprehensive Mental Health/Substance Abuse Parity Insurance</p> <p>Proposal: Increase funding for consumer and family support</p>	<p>Budget: \$160,000 FED for Pilots year 1, \$928,000 FED for other services each year</p>
<p><i>Cross Disability Programs</i></p> <p>Proposal: DVR funding and reforms</p> <p>Proposal: Specialized transportation funding</p> <p>Proposal: Assistive Technology Initiative:</p>	<p>Budget: \$1 million per year</p> <p>Budget: 3% increase year 1 and 3.4 increase year 2. \$225,800 year 1 and \$483,500 year 2.</p> <p>Budget: \$0</p>
<p><i>Additional Items in Governor's Budget</i></p> <ul style="list-style-type: none"> • \$115,000,000 for nursing home increases in Year 1 and \$157,160,800 in Year 2 through the Intergovernmental Transfer Program • 5% increase each year for noninstitutional providers through IGT including home health, personal care, durable medical equipment, mental health, and therapies. • 60 CIP1B slots for Year 1 and 686 CIP11 slots for Year 1 in Nursing Home Bed Closing Relocations <p>* Also part of the Waiting List Initiative</p>	



WAITING LIST INITIATIVE

2001-2003 Budget Priorities from the Coalition for Ending the Waiting List in Wisconsin

For more information contact: The Arc-Wisconsin at: 1-877-272-8400 or 608-251-9272 or www.wcdd.org/dawn/waiting_list.cfm

Across Wisconsin thousands of people with disabilities and family members are struggling because they receive inadequate or no services to assist them to live and work in the community. At times this has forced people into an institution or to struggle to live in the community. Others rely on family members and may be at home without supports or daytime services. Groups are forming across the state to address the waiting list and work force crises and bring them to the attention of policy makers and legislators.

Problems:

5000 adults with developmental disabilities are waiting for critical services.

- 2300 people need a place to live;
- 2700 people are waiting for support to get a job or participate in their community during the day;
- Average waiting period is 4 years.

2200 people with physical disabilities are waiting for support to live in the community through COP.

- 2400 families are waiting for Family Support services.
- An additional 550 families are underserved within Family Support;
- Another 3000 families are estimated to be eligible but have not applied for services.

Birth to 3 services are guaranteed in Wisconsin but underfunded.

- Last two state biennial budgets increased funding by 0%;

- Counties have been forced to provide fewer services or have had to increase county funding that was no longer available to fund people on waiting lists.

Chronic underfunding of Personal Care, CIP and COP has created a crisis in the current support system for people with disabilities.

- Lack of staff to provide supports as a result of inadequate wages and benefits;
- 106 Personal Care agencies stopped providing MA funded personal care over the past 3 years;
- Many individuals are currently receiving inadequate services, which at times puts them in serious jeopardy.

Solutions:

Preliminary analysis suggests an increase in \$55 Million on an annual basis eliminates the known disability waiting list and begins to address workforce and labor market issues.

- **\$40 Million** in state funds for DD Waivers will generate a total of \$100 Million with matching Federal funds to eliminate the adult Developmental Disabilities waiting list and increase wages and benefits to support workers;

- **\$8 Million** in state funds for COP will generate a total of \$20 Million with Federal match to address the physical disabilities waiting list and increase wages to support workers;

- **\$5 Million** in state funds are needed to eliminate the Family Support Program waiting list;

- **\$2 Million** in state funds are needed for the Birth to 3 Program for increased costs.

Other states' initiatives have created additional funding for developmental disability services ➤

End the waiting list game and build a future for people with disabilities!

The following funding has been recently allocated for waiting lists in other states:

Arkansas	\$ 4,000,000	California	210,000,000
Connecticut	23,000,000	Florida	336,000,000
Georgia	2,000,000	Hawaii	12,000,000
Indiana	9,500,000	Louisiana	27,000,000
Maryland	36,400,000	Mass.	23,600,000
Minnesota	9,880,000	Nevada	10,450,000
New Hampshire	6,000,000	New Jersey	127,200,000
New York	230,000,000	No. Carolina	42,000,000
Ohio	4,000,000	Pennsylvania	400,000,000
Virginia	44,000,000	Utah	6,500,000

Where is Wisconsin? Why isn't it on this list?

Department of Health and Family Services, the Governor, and Legislators need to help eliminate the waiting list and service problems.

Will you help to solve these problems?

Fix it in the 2001-03 Budget!



COMMUNITY SERVICE CRISIS

2001-2003 Budget Proposal from Wisconsin Service Providers

For more information contact: Bob Stuva (RFW, Inc.) at 608-244-5310; bstuva@rfw.org or Chris Sarbacker (CAPOW) at 608-259-1345; sarbccls@execpc.com

Approximately \$120,000,000 in new state and federal funding is needed to assure a safe and adequate community-based, person-centered long-term care support system for citizens with developmental and/or physical disabilities. Service providers face significant worker shortages due to low wages and struggle to survive under pressure of rising insurance premiums, energy costs and other program expenses. Many organizations are reducing services to persons already served, when waiting lists for community-based services are growing.

The long term care system for Wisconsin citizens with disabilities is evolving into a person-centered delivery system and places more responsibility for determining the supports needed to live and work in communities of their choice, directly on the person requesting service. It is essential that consumers have adequate public funding to secure the services they need.

Some History:

Over the last half-century, the public goals for services for persons with disabilities has gradually changed from institutionalization to integration in local communities of choice. In the late 1950's and into the 1960's, service delivery goals began to change from institutional maintenance and removal from the community to large group homes, special education, and sheltered employment. By the late 70's a more integrated form of service delivery included individual living arrangements, job training, and assistance with daily living. By the early 1990's the concept of consumerism began to evolve and persons with disabilities sought more control over

the decisions impacting their lives. The 1990's might best be defined as a period of time in which the old paradigm of service delivery was cast away and a new person-centered, community-based service delivery system was put into place. For the first time individuals with disabilities had some control over their own destiny.

As these changes occurred, so did the service provider network. Services evolved from group training and education and limited employment opportunities into a network of individualized support services. Services include residential support to live in small group homes with one or two other persons, independent living, supported living, vocational training, job placement and supported employment. Social business enterprises provide employment opportunities and an array of other needed services to assist an individual to live and work in his/her local community.

Despite significant changes and associated increases in the cost of providing more individualized services, governmental funding has remained stagnant. While the

late 1980's and the 1990's saw a great increase in the cost for services, the State of Wisconsin limited increases in state/federal funding for these services to under two percent per year and shifted funding from state to federal dollars. In many communities that meant no increase for private nonprofit service providers after state and local government addressed their administrative costs.

After almost a decade of neglect, the system of community-based services is facing a financial crisis.

No matter who provides services or how they are provided, a system of fair and appropriate public funding must be available for any community-based service delivery model to be successful.

Recent surveys completed by a network of Wisconsin community-based service providers assisting persons with disabilities began to detail the present service delivery crisis facing the State of Wisconsin. A job market survey reveals that wages paid by community-based service providers are not competitive.

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Total for 2002-2003 Biennium	\$90,000,000	\$90,000,000	\$180,000,000



Wisconsin Survival Coalition

SPECIAL EDUCATION

2001-2003 Budget Proposals from the Quality Education Coalition

For more information contact:

Jeff Spitzer-Resnick at 608-267-0214; spitznick@w-c-a.org

The Quality Education Coalition (QEC), is Wisconsin's only statewide coalition of parents and advocates which promotes quality special education services throughout Wisconsin. QEC is acutely aware of the dire situation which children with disabilities face in their struggle to receive a free appropriate public education (FAPE) in Wisconsin schools as guaranteed them under both Wisconsin and federal law. QEC proposes the following five point plan in order to begin to stem the tide of eroding quality of special education for thousands of Wisconsin children.

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Although the Governor's budget includes increases, the state's commitment to special education would decline to 33%. This is unacceptable.

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The Department of Health and Family Services (DHFS) currently funds 28 county pilot Integrated Services Programs (ISPs), also known as wraparound programs, which are intended to provide coordinated multi-agency programming to children with severe emotional

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QEC supports creating pilot programs in all counties at an additional cost of \$3.2 million plus \$800,000 for state staff to administer the program.

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In 1997, Wisconsin's Medical Assistance (MA) program was modified to allow school districts to bill the MA program for certain special education costs.

Unfortunately, school districts do not receive the entire federal cost sharing reimbursement (slightly less than 60% of the total cost). Instead, the State of Wisconsin applies the federal share to general revenues and not school services, despite the fact that the local school districts must pay the entire state matching portion.

QEC supports modifying the MA-SBS reimbursement formula such that local school districts receive 100% of the federal cost sharing reimbursement.



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The mental health budget package was developed collaboratively by representatives from consumer, family and advocacy groups with input from county human services personnel. The Governor's Council on Mental Health endorsed this proposal and forwarded it to the Governor for inclusion in his biennial budget. Several of the items are derived from the recommendations of the Governor's Blue Ribbon Commission on Mental Health (BRC).

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Using Mental Health Block Grant (MHBG) funds the Department of Health and Family Services (DHFS) supports a variety of activities that increase the availability of consumer-operated services throughout the state and provide information, education, advocacy and support to families of persons with mental illness. This package requests that these funds be more than doubled by adding \$250,000 in FY02 and \$500,000 in FY03 so that DHFS can use them to contract for additional consumer and family support activities that meet the goals and outcomes established by the BRC.

The package also requests \$24,000 each year to increase the Bureau of Community Mental Health (BCMh) consumer relations coordinator position to full time. This position has been responsible for providing a crucial mental health consumer perspective within DHFS, helping to involve other consumers in planning efforts and providing technical assistance and support to consumers throughout the state. However, the need in this area well exceeds the resources of a part-time (.6 FTE) position.

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Up to this point, the DHFS has provided funds from the MHBG in seed money to over 20 counties to develop these systems of care. These projects have been successful in reducing inpatient hospital stays (resulting in savings to the Medicaid program) and in juvenile justice placements. This package requests using new Mental Health Block Grant funds and additional GPR to significantly expand services for children with SED. The package also requests 1.5 FTE staff persons in the BCMh to implement and monitor these projects beginning in Jan. 2002. At least .5 FTE would be a parent of a child with a serious emotional disturbance who would assist in giving families voice, access, and ownership at the policy and planning level in keeping with the philosophy of wrap-around systems of care.

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Community Support Program (CSP) Funding: CSPs have been a cornerstone of the adult mental health system and have demonstrably reduced inpatient hospital utilization. Currently counties pay the state share (about 40%) of the cost of this benefit. This package requests that the State pay the state share of Medicaid CSP. This is necessary because a significant number of individuals are on formal or informal waiting lists for this service in violation of Medicaid regulations.

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Comprehensive Community Service (CCS) is a Medical Assistance benefit that was adopted by the Legislature in the last Biennium. It provides a flexible wraparound approach for adults and children and a level of service that is between traditional outpatient care and the more intense level of service provided by CSP. It is a recovery oriented service that furthers the goal of the Governor's Blue Ribbon Commission on Mental Health. It also requires the

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Mental Health/AODA Managed Care Demonstration Projects

The managed care demonstrations embody the most comprehensive attempt to implement the recommendations of the BRC. As such, they hold great promise for consumers throughout the state in creating a more consumer and family directed and recovery-oriented system of care. However, the DHFS has not allocated the basic level of funding that has been found, through the Family Care initiative, to be necessary to develop these new managed care systems. This budget package seeks to address this in a variety of ways.

Demonstration Site Planning and Development Funds: The package requests \$125,000 per site in each year of the biennium to achieve funding comparable to the Family Care CMOs. This money will be utilized to develop information system capabilities that will ensure that the State gets the type of comprehensive and accurate information required to evaluate and further develop this initiative. Sites will also use these funds to support network development, formulate quality improvement processes, make internal organizational changes to support taking on the additional requirements of a managed care contract, and involve consumers and family members in their planning process.

Independent Advocacy: We strongly support the restoration of Family Care Independent Advocacy and request that it be expanded and include persons in the demonstration projects. This would require one

full time position beginning Jan. 2002 with an additional position added in FY03 to meet the expected need (one FTE per 1000 enrollees).

DHFS Planning and

Development: This package requests one staff person to provide technical assistance and monitoring for the demonstration sites beginning in Jan. 2002. This project is staffed considerably below the level of Family Care.

Evaluation: We are requesting \$100,000 in FY02 and \$200,000 in FY03 to contract with an independent entity to conduct consumer outcome surveys and other activities to support project evaluation. We anticipate the Legislature will require a comprehensive evaluation prior to approving expansion of managed care to other counties.

Comprehensive Mental Health/Substance Abuse Parity

We are requesting the Legislature pass legislation that would require insurers to provide coverage for mental health and alcohol/drug abuse treatment that is no more restrictive than coverage for other disorders. This would apply to annual and lifetime dollar limits, visit limits, co-payments and deductibles. The fiscal estimate for state employee health insurance accompanying last year's bill was a premium increase of one-tenth of one percent. This bill would cover treatment for all mental health and substance abuse diagnoses.



WAITING LIST INITIATIVE

2001-2003 Budget Priorities from the Coalition for Ending the Waiting List in Wisconsin

For more information contact: The Arc-Wisconsin at: 1-877-272-8400 or 608-251-9272 or www.wcdd.org/dawn/waiting_list.cfm

Across Wisconsin thousands of people with disabilities and family members are struggling because they receive inadequate or no services to assist them to live and work in the community. At times this has forced people into an institution or to struggle to live in the community. Others rely on family members and may be at home without supports or daytime services. Groups are forming across the state to address the waiting list and work force crises and bring them to the attention of policy makers and legislators.

Problems:

5000 adults with developmental disabilities are waiting for critical services.

- 2300 people need a place to live;
- 2700 people are waiting for support to get a job or participate in their community during the day;
- Average waiting period is 4 years.

2200 people with physical disabilities are waiting for support to live in the community through COP.

2400 families are waiting for Family Support services.

- An additional 550 families are underserved within Family Support;
- Another 3000 families are estimated to be eligible but have not applied for services.

Birth to 3 services are guaranteed in Wisconsin but underfunded.

- Last two state biennial budgets increased funding by 0%;

- Counties have been forced to provide fewer services or have had to increase county funding that was no longer available to fund people on waiting lists.

Chronic underfunding of Personal Care, CIP and COP has created a crisis in the current support system for people with disabilities.

- Lack of staff to provide supports as a result of inadequate wages and benefits;
- 106 Personal Care agencies stopped providing MA funded personal care over the past 3 years;
- Many individuals are currently receiving inadequate services, which at times puts them in serious jeopardy.

Solutions:

Preliminary analysis suggests an increase in \$55 Million on an annual basis eliminates the known disability waiting list and begins to address workforce and labor market issues.

- **\$40 Million** in state funds for DD Waivers will generate a total of \$100 Million with matching Federal funds to eliminate the adult Developmental Disabilities waiting list and increase wages and benefits to support workers;

- **\$8 Million** in state funds for COP will generate a total of \$20 Million with Federal match to address the physical disabilities waiting list and increase wages to support workers;

- **\$5 Million** in state funds are needed to eliminate the Family Support Program waiting list;

- **\$2 Million** in state funds are needed for the Birth to 3 Program for increased costs.

Other states' initiatives have created additional funding for developmental disability services

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DHFS Planning and

Development: This package requests one staff person to provide technical assistance and monitoring for the demonstration sites beginning in Jan. 2002. This project is staffed considerably below the level of Family Care.

Evaluation: We are requesting \$100,000 in FY02 and \$200,000 in FY03 to contract with an independent entity to conduct consumer outcome surveys and other activities to support project evaluation. We anticipate the Legislature will require a comprehensive evaluation prior to approving expansion of managed care to other counties.

Comprehensive Mental Health/Substance Abuse Parity

We are requesting the Legislature pass legislation that would require insurers to provide coverage for mental health and alcohol/drug abuse treatment that is no more restrictive than coverage for other disorders. This would apply to annual and lifetime dollar limits, visit limits, co-payments and deductibles. The fiscal estimate for state employee health insurance accompanying last year's bill was a premium increase of one-tenth of one percent. This bill would cover treatment for all mental health and substance abuse diagnoses.



OVERVIEW

2001-2003 Budget Proposal for Disability Services from the Survival Coalition of Wisconsin

For more information contact: Lynn Breedlove at 608-267-0214; lynnb@w-c-a.org or Michael Blumenfeld at 608-257-1888; blumk@aol.com

The following are Wisconsin budget recommendations developed by the Wisconsin Survival Coalition, a statewide group of individuals and organizations who are concerned about the community inclusion and availability of quality services for people with disabilities.

Waiting List Initiative

- Eliminate waiting lists for persons with developmental disabilities and persons with brain injuries - \$6 million General Purpose Revenue (GPR) in Yr. 1 and \$32 million GPR in Yr. 2 for Community Integration Program (CIP) IB and Brain Injury Waiver
- Eliminate waiting lists for persons with physical disabilities - \$2 million GPR in Yr. 1 and \$6 million GPR in Yr. 2 for COP-Waiver
- Eliminate waiting lists for the Family Support Program - \$2.5 million GPR in Yr. 1 & \$5 million GPR in Yr. 2
- Increase funding for the Birth to 3 program - \$2 million GPR in Yr. 1 and \$2 million GPR in Yr. 2
- Eliminate waiting lists for Medicaid Community Support Programs for adults with mental illness - \$450,000 GPR in Yr. 1 and \$1.5 million GPR in Yr. 2

Community Services Crisis

- Provide \$30 million GPR in Year 1 and \$60 million in Year 2 to increase wages for community service workers by 30%

"Families are Worth It" Children and Families Package

- Begin piloting Children's Long Term Support (LTC) Redesign (serve 20% of the state's eligible children) - \$1.3 million GPR in Year 1 and \$3.3 million GPR in Year 2
- Increase funding for the Family Support Program and the Birth to 3 Program *
- Add 7 more projects to the Lifespan Respite Initiative - \$225,000 each year
- Increase funding for Special Education

State Institutions

- Increase the Community Integration Program (CIP) IA rate to \$300/day to support State Center residents to return to their communities, and \$160/day for people who previously moved to the community
- Close two State Centers within five years

Family Care

- Funding for the Alternative Model
- Funding for the Family Care Independent Advocacy System

Mental Health Package

- Increase funding for Mental Health/Substance Abuse demonstration project counties, and fund independent advocacy component, evaluation and planning
- Medicaid Community Support Program (CSP) funding to end waiting lists*
- Funding for Medicaid Comprehensive Community Service benefit
- Increase funding for wraparound services for children with severe emotional disabilities
- Comprehensive Mental Health/Substance Abuse Parity legislation
- Increase funding for consumer and family support

Cross Disability Programs

- Division of Vocational Rehabilitation (DVR) funding and reforms
- Specialized transportation funding
- Assistive Technology Initiative
- Prescription drug benefit for people with disabilities

* Also part of the Waiting List Initiative

The Survival Coalition

The Survival Coalition is the statewide coalition of disability organizations. Survival monitors the progress of state agency and legislative proposals that affect people with disabilities and educates legislators about the needs of people with disabilities.

Survival also sponsors the biennial Disability Awareness Day rally at the State Capitol. The "People Can't Wait" rally on April 25, 2001 will focus on the waiting lists for community services for both people with disabilities and the elderly.

Leadership

Michael Blumenfeld, Co-Chair
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(608) 257-1888
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Lynn Breedlove, Co-Chair
Wisconsin Coalition for Advocacy
16 N. Carroll Street, Suite 400
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lynnb@w-c-a.org

For further information visit
www.wcdd.org and click on
"DAWN", the Disability Advocates
Wisconsin Network website.

Survival Coalition Participants

- Access to Independence
- ARC Milwaukee
- The Arc-Wisconsin Disability Association
- The Arc-Dane County
- Autism Society of Wisconsin
- Autism Society of SE WI
- Board on Aging and Long Term Care
- Brain Injury Association of WI
- Brotoloc Health Care
- Citizen Advocacy
- Coalition of Wisconsin Aging Groups
- Community Alliance of Providers of Wisconsin, Inc. (CAPOW)
- Community Living Alliance
- Council for the Deaf and Hard of Hearing
- Council on Blindness
- Easter Seals of Wisconsin
- EBTIDE
- Epilepsy Foundation of South Central Wisconsin
- Family Assistance Center for Education, Training and Support (FACETS)
- Great Rivers Independent Living Services
- Independence First
- KindCare, Inc
- Kuality Kare
- Learning Disabilities Association of Wisconsin-Dane County
- Lutheran Social Services
- Mental Health Association in Milwaukee County/Office of Public Policy
- National Alliance for the Mentally Ill – Wisconsin (NAMI)
- Options for Independent Living
- Parent Education Project (PEP) of Wisconsin
- Prader-Willi Association
- Rehabilitation For Wisconsin, Inc. (RFW)
- Society's Assets
- Spinal Cord Injury Association Madison Area Chapter
- State Independent Living Council
- United Cerebral Palsy (UCP) of WI
- UCP of Southeastern WI
- Wisconsin ADAPT
- Wisconsin Alcohol, Drugs & Disability Association (WADDA)
- Wisconsin Association of the Deaf
- Wisconsin Association of Family & Children's Agencies
- Wisconsin Association of Residential Facilities (WARF)
- Wisconsin Client Assistance Program
- Wisconsin Coalition for Advocacy
- Wisconsin Coalition of Independent Living Centers (WCILC)
- Wisconsin Council on Children and Families (WCCF)
- Wisconsin Council on Developmental Disabilities (WCDD)
- Wisconsin Council on People with Physical Disabilities
- Wisconsin Family Ties
- Wisconsin Occupational Therapy Association (WOTA)
- Wisconsin Personal Services Alternatives (WPSA)



4/25/01

Survival Coalition Proposal for the Use of Intergovernmental Transfer Funds

In response to Wisconsin's "nursing home crisis", Governor McCallum has proposed allocating \$346 million of Intergovernmental Transfer (IGT) Funds to county and private nursing homes. \$154 million of this amount would cover projected nursing home losses, but the additional \$192 million would provide a 13.6% rate increase for nursing homes, which substantially exceeds inflation.

However, nursing homes are not the only part of the Long Term Care System that is in crisis. If you are one of the over 15,000 elderly people or people with disabilities in Wisconsin on a waiting list for community services, that's a crisis too. If you are a direct service worker in a community services agency and you are earning less than nursing home workers and receiving no health insurance, that is another kind of crisis.

We are asking the legislature to adopt a balanced response to all of these crises. We believe that IGT funds should be distributed in a way that benefits the entire Long Term Care system, not just the institutional sector.

Proposed Allocation

1. Support the proposed use of the \$154.2 million earmarked for nursing home losses.
2. Reallocate the proposed rate increases to nursing homes:
 - Yr. 1 - \$25 million for nursing homes (for a 3% rate increase), and the remaining \$50 million for Community-based Medicaid LTC services
 - Yr. 2 - \$37.5 million for nursing homes (to add an additional 1.5% increase), and the remaining \$79.7 million for Community-based Medicaid LTC services
3. Reallocate all of the \$19.6 million earmarked for inpatient and outpatient hospital reimbursement to Community-based Medicaid LTC services.

People Can't Wait . . . WISCONSIN SURVIVAL COALITION

16 North Carroll Street, Suite 400 • Madison, WI 53703 • 608-267-0214 voice/tty • 608-267-0368 fax

4. **Combined total available for Community-based Medicaid LTC services: \$59.5 million in Yr. 1 and \$89.8 million in Yr. 2**

5. Allocate as follows:

	Yr. 1	Yr. 2
	(In millions)	
- people with developmental disabilities and people with brain injuries on waiting lists	15.0	21.3
- people with physical disabilities on waiting lists	5.0	12.0
- elderly people on waiting lists	3.0	15.5
- people with mental illness on waiting lists	1.3	3.8
- Family Care Partial Restoration Package (including Family Care Independent Advocacy, funding for a Kenosha County pilot, and planning grants for future pilot counties)	3.0	5.0
- Increase rates for current community services	32.2	32.2
Total	\$59.5	\$89.8

Robert Brooks
11102 W. Oklahoma Ave. Apt. 111
West Allis, WI 53227

To Whom It May Concern:

My name is Bob Brooks. I live in West Allis in my own one bed room apartment. It is very important that money from the budget be used for community services. I spent time in a nursing home. Believe me that is no way to live.

I am a very active member in my community. I volunteer for 4 different agencies in my community. I shop in local stores. Along with budget concerns I am concerned that stores and other public places are not accessible for people who use wheelchairs.

My local post office was remodeled and is now less accessible then it was before. When I go to the grocery store I am unable to use my quest card myself because the machine is not low enough.

Please remember that the budget needs to focus on community services for people with disabilities. People can't wait.

Sincerely,

Bob Brooks

Senator Robson,

Members of the Senate Human Services and Aging
Committee

My Name is Robert Stuva.

I am the Executive Director of Rehabilitation For Wisconsin, a state wide association of 56 Community Rehabilitation Programs located throughout the State of Wisconsin providing vocational, residential, day and community support services to over 18,000 individuals with disabilities on a daily basis.

We are here today to plead with members of this committee to take affirmative action during this state budget cycle to provide adequate state funding to shore up the financial foundation of community-based services for persons with disabilities. In particular we are concerned about services to person with developmental disabilities.

For better part of a decade, state rates for community based services have not increased. Think about the difference today in the cost of fuel for buses to transport people with disabilities compared to ten years ago. Think about how much the cost of electricity and heat has increased in ten years.

Most important think about how you would even survive as a business if you had not had an increase in the cost of the product or service you are selling for the last 10 years. You really would be hard pressed to pay a competitive salary or even stay in business.

Earlier this year, RFW performed an informal survey of wages paid to entry level workers in the same general labor pool, which Community-based human service providers would draw from for their employees.

We found that wages offered by community programs was 7 to 17% less than wages paid for food service workers and non-skilled laborers.

We found a 24-55% discrepancy when compared to similar entry-level jobs within state and county government.

We found for example that Dane County pays \$15.09 per hour for someone to repair tires, while community based programs struggle to pay 7 to 8 dollars per hour for workers caring for person with disabilities.

We believe some of our governmental priorities are wrong and urge you to help fix the community service crisis.

Our research also indicated that many counties have stepped up to the plate and significantly increased their funding for services to person with developmental disabilities so that more persons could be served and to also provide less than 1% per year increases in most contracts. Many Community-based service providers have also developed new and creative ways of generating additional funding.

Some operate gift shops or thrift stores and some generate income from subcontract work with business and industry. By doing so individuals with disabilities are provided with employment and wages and any business profits may be used to offset rehabilitation expenses.

While growth in alternate funding sources has be substantial when compared to basically stagnate state funding, it has not kept up with inflation, increased wage and salary demands and the declining purchasing power of essentially frozen state GPR funds.

We are not here today to plead for the survival of any one organization, program or service. We do not represent any one geographic area of the state. We are here because the whole system of services to individuals with developmental disabilities has reached a critical threshold.

Wisconsin needs to give the same funding priority to a community based service delivery system for people with disabilities that we give to prisons, schools, and nursing homes?

Please help set Wisconsin's priorities in a way that will allow for significant increases in state and federal funding for services to all persons with disabilities?

The budget papers developed by Wisconsin Survival Coalition indicate one possible way of addressing this issue. I encourage your careful review and consideration of those papers.

Thank You!

I would like to introduce Cindy Simonson, CEO Vocational Industries in Elkhorn.

I would like to introduce Colleen Kennedy, CEO Ranch Community Services in Menomonee Falls.

I would like to introduce Virginia Baeten, CEO Brown County ARC in Green Bay.

Recommended Legislative Initiatives to Enhance the Medicaid Card Services:

Problem: The current definition of "Medical Necessity" is subject to ongoing reinterpretation with DHFS in administering Medicaid Card services. A definition that is contemporary and includes a clear understanding of the ongoing needs of children & adults with life-long disabilities is available and should be considered for Medicaid recipients in WI.

Rules that clearly define "Medical Necessity" should be established with careful consideration of children with long term health and rehabilitative needs.

Problem: Currently the aggressive prior authorization process in place in the WI Medicaid program is based on a management model appropriate for managing short term acute rehabilitative services. Ongoing prior authorization on an 8-12 week basis for the long-term *habilitative* needs of children & adults with disabilities is costly for providers and the state. It results in needless repetitive paperwork, delays in services and stress on families within the system.

A separate process and funding stream should be established that enables the long term rehabilitative and care management of children & adults with special health care needs to be approved annually for an appropriate level of ongoing service. Perhaps a waiver program would offer a better long-term care management solution. Limiting the Prior Authorization process to managing episodic needs for service such as defined in a traditional medical utilization review model.

Problem: Families and providers wishing to consider and prepare appeals for modified or denied PA's have little information stated in the original denial/modification upon which to base their decision. They must currently initiate an actual formal appeal to receive a written explanation regarding the basis for denial/modification.

DHFS should be required to provide more specific information regarding the reason for modification/denial of PA's immediately upon modification/denial.

Problem: Families & providers navigating the Prior Authorization process and issues surrounding both community and school-based services are hindered by the complexity of the system. With increasing challenges and time required to administer services for Medicaid recipients, providers are less willing to offer the additional time and resources needed to prepare for and participate in the formal appeals process. Without Provider participation, most families find it intimidating and difficult to present their child's case to the hearing officer.

An independent ombuds program should be established to assist families in navigating this process for the PA process including issues of access to therapies, DME, home & personal care.

Problem: Substantial cost increases in administering services to WI Medicaid recipients have been noted by providers over the past 5 years. This increase has been the result of the costly prior authorization process and its ongoing demand for volumes of repetitive paperwork. It has resulted in a disincentive to provide needed services to children & adults with disabilities in WI. On the other hand, WI school districts involved in billing the WI Medicaid Program for school-based services are surveyed regularly and experience rate increases and administrative compensation related to the cost of providing Medicaid services and performing outreach activities. A similar study of community-based providers would enable the Department to capture information about the rapidly growing costs of providing services and accessing Medicaid reimbursement for this population.

A mandatory cost study should be conducted every 3-5 years with community-based Medicaid Providers to capture the related costs to the delivery of service including the costly Prior Authorization process.

Problem: Currently the WI Medicaid program demonstrates a preference for school-based services for children with special needs, despite the clearly defined role of school-based services in their of meeting the "educational" needs of children. This preference may be fueled by the fact that the School-Based Services benefit in WI currently funnels 40% of Federal revenues received into the state general fund.

In addition, there is no related legislation to the school-based service benefit that describes that revenues received by a district should be used to enhance special education or related services. Therefore, when a school district provides and bills for school-based therapy services, the state makes money on these services whether or not the student's medical needs for therapy are met. There have been few if any increases or changes in the level of therapy services available in school districts related to the increased revenues. Yet there have been increasing denials related to "duplication of services" issues for medically-based community services. This results in a net decrease in the services available to children in our state despite the obvious increase in federal dollars.

There should be a substantial reduction in the amount of Federal Medicaid dollars flowing to the WI General Fund for School-Based Services. The current system creates improper incentives for service to be delivered through the schools in lieu of community-based services despite the significant differences in delivery models.

Problem: Providers have experienced Medicaid audits and recoupments based on unclear, unpublished guidelines for documentation and delivery of Medicaid Services. Since ongoing provider education & standards are often unclear, the Bureau of Health Care Integrity should consider for recoupment only those billed services that are provided in clear violation of written policy in force at the time of the services in question. Infractions that cannot be so substantiated with specific provider publications should be given an "educational audit" and follow up. The Federal Health Care Finance Administration has recently stated their support for educational audits in cases where true fraud and abuse could not be substantiated.

Regulations should be established insuring that Provider Audits have an educational option when non-criminal intent is noted for minor violations in regulations.

Regulations should be established that limit DHFS' ability to implement tighter standards for audit than what are clearly published and provided to Medicaid Providers of Service.

4/25/01 Respectfully Submitted by Lynn Steffes, PT

Survival Coalition, Medicaid Project Leader

For additional information, I can be reached @ (414) 587-0374 OR stefbiz@execpc.com

Accomplishments of BIAW

- ◆ Established a network of support groups and chapters throughout the state
- ◆ Assisted the Department of Health and Family Services in obtaining a federal TBI Demonstration Grant to assess the needs and desires of people with brain injury in Wisconsin and to develop a statewide action plan to meet these needs
- ◆ Initiated prevention programs that impact young people in middle schools and high schools throughout Wisconsin
- ◆ Assisted in the development of the Wisconsin Brain Injury Act of 1985 which made provisions for expanded services
- ◆ Sponsored delegate councils of individuals with brain injury and their families
- ◆ Created a manual titled "Brain Injury...A New Lifestyle" for distribution to individuals with brain injury, their family members and professionals.
- ◆ Sponsors an annual statewide brain injury education conference and awards event to recognize Wisconsin residents for their contributions in the area of brain injury
- ◆ Worked with the State to pass the Wisconsin Seat Belt Law and to gain approval for a successful and cost-effective Home and Community-based Medicaid Brain Injury Waiver

Of those who survive brain injury, approximately 100,000 each year will endure lifelong debilitating loss of function.

Young men between the ages of 15 and 24 have the highest rate of injury. Males are more likely to suffer serious brain injuries than females about 3 to 1.

Each year in the U.S. 50,000 children sustain bicycle related brain injuries, and of these more than 400 die.

Source: Interagency Head Injury Task Force Reports, National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, MD.

Good reasons to join BIAW

Imagine waking up in the morning and not remembering how to get dressed. Imagine sitting down to eat dinner and not remembering that you just ate. Imagine returning to work and finding you are unable to complete routine tasks the way you used to, and not knowing why. In fact, these are everyday occurrences for many with brain injury.

Your membership fees support services and activities which benefit individuals with brain injury and their families.

Your participation helps raise awareness about brain injury and its prevention.

As a member, you will receive:

- ◆ BIAW newsletter
- ◆ Annual election rights
- ◆ Educational programs
- ◆ Specialized mailings
- ◆ Local chapter and support group membership. Call state BIAW office for meetings in your area.
- ◆ *The TBI Challenge* news-magazine
- ◆ Discounts on BIAW conferences

Types of Membership

Individual	\$35
Professional	\$50
Patron	\$100
Corporate	\$200
Benefactor	\$500
Founder	\$1000

Membership will not be denied to individuals with limited resources. Please contact the BIAW office to discuss a courtesy membership.

Dues are billed annually.

Thank You.

What is BIAW?

The Brain Injury Association of Wisconsin (BIAW) provides services in the areas of information and resources, education, advocacy, prevention and support. Our association was formed in 1980 by a group comprised of individuals with brain injury, their families, friends and health care professionals. At that time, there were few services and little was known about the long term needs of individuals with brain injury and their families.

Mission Statement of BIAW

The mission of BIAW is the prevention of brain injury and the full participation in life for individuals with brain injury.

Goals of BIAW

- ◆ *Prevent* brain injury by supporting programs and other efforts aimed at reducing the incidence of both primary and secondary injury
- ◆ *Support* research and other efforts aimed at improving the outcome and quality of life for individuals with brain injury
- ◆ *Promote* public and professional awareness of brain injury and its effects on individuals and families in Wisconsin
- ◆ *Educate* the public about the needs of people with brain injury
- ◆ *Develop* and sustain an effective support system for people with brain injury and their families in Wisconsin
- ◆ *Advocate* for legislation and resources to provide adequate programming to facilitate the return to full community participation as defined by the individual
- ◆ *Maintain* a state resource and information center
- ◆ *Work* closely with and support the Brain Injury Association, Inc.
- ◆ *Unite* support groups into an active network

What is traumatic brain injury (TBI)?

Traumatic brain injury (TBI) is an acquired brain injury which is caused by an external force that results in the impairment of brain function. TBI can result from motor vehicle accidents, bike and sports related accidents, falls, assaults, gunshot wounds and domestic abuse. Brain injury can also occur from an internal injury, infection, chemicals or lack of oxygen. Brain injury may be termed mild, moderate or severe. Each brain injury is unique, as is the course of recovery.

Possible Consequences of Brain Injury

- ◆ *Physical:* impairments of speech, vision and hearing loss, headaches, muscle spasticity, paralysis, loss of balance and seizure disorders.
- ◆ *Cognitive:* memory deficits (short and long term), limited concentration, impaired perception and comprehension, difficulties with reading, writing, planning and judgment.
- ◆ *Psycho-Social-Behavioral-Emotional Impairments:* fatigue, mood swings, denial, anxiety, depression, sexual dysfunction, lack of motivation and problems with interpersonal skills.

A conservative estimate puts the total number of traumatic brain injuries at more than 2 million per year, with 500,000 severe enough to require hospital admission.

Every 15 seconds someone receives a brain injury in the United States. Every five minutes, one of these people will become permanently disabled.

Each year approximately 60,000 Americans will die as a result of a traumatic brain injury. Most deaths occur at time of injury or within the first two hours of hospitalization.

Traumatic brain injury is the leading killer and cause of disability in children and young adults.

Membership and Contribution Form

Name _____
 Organization _____
 Address _____
 City _____ State _____ ZIP _____
 Phone (daytime) () _____
 (evening) () _____

Please complete the following information:

New Membership _____
 Renewal Membership _____
 Type of Membership _____
 Amount Enclosed \$ _____

Person with brain injury: Age _____
 Male _____ Female _____

Family member of a person with brain injury _____

Relationship to the person with brain injury:

Parent _____ Sibling _____ Spouse _____
 Friend _____ Other _____

Professional _____
 Occupation _____

I would like to be affiliated with a local support group in my area. _____

Donation \$ _____
 Memorial Donation \$ _____

Please make your check payable to:

Brain Injury Association of Wisconsin
 2900 N. 117th Street • Suite 100
 Wauwatosa, Wisconsin 53222

Brain Injury Support Group Network

Big River Chapter La Crosse	Waukesha Chapter
Fox Valley Chapter Appleton	Indianhead Chapter
Madison Chapter Janesville Madison	Milwaukee Chapter
Northeast Chapter Green Bay	Dodge County Fond du Lac Marshfield Racine
Northwest Chapter Eau Claire	Rhineland Sheboygan Stevens Point Wausau



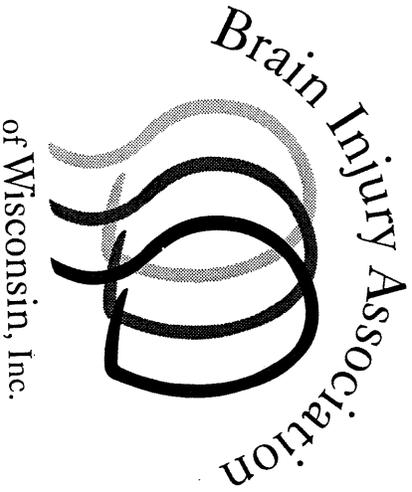
BIAW
 Brain Injury Association of Wisconsin
 2900 N. 117th Street • Suite 100
 Wauwatosa, Wisconsin 53222

(414) 778-4144
(800) 882-9282
FAX 414-778-0276

Call state BIAW office for time and meeting place of the support group near you.

Local Contact _____
 Phone Number _____

Brain Injury Association of Wisconsin
2900 N. 117th Street • Suite 100
Wauwatosa, Wisconsin 53222



Brain Injury Association of Wisconsin
2900 North 117th Street, Suite 100
Wauwatosa, Wisconsin 53222

Phone: (414) 778-4144
Helpline: (800) 882-9282 in-state only
Fax: (414) 778-0276
E-mail: biaw@execpc.com
Web: www.biaw.org

Affiliated with the Brain Injury Association, Inc.
National Helpline: (800) 444-6443

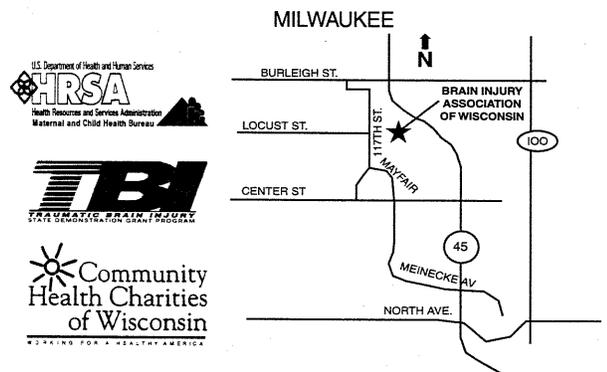
 Community
Health Charities
of Wisconsin
MEMBER AGENCY

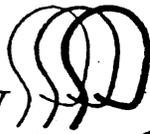
Our library contains information on brain injury, including:

- Pediatric brain injury - prevention, safety tips, HeadSmart materials
- Hospital to School transition
- Sports and concussion
- Brain injury fact sheets and pamphlets
- Personal accounts
- Journals and periodicals
- Family adjustment
- Coma

We also provide information and resources on:

- The rehabilitation process
- Legal and financial avenues
- Residential options
- Transition to work
- Community support services
- Support groups
- Advocacy





An Estimated 5.3 Million Americans - a little more than 2 percent of the U.S. population - currently live with disabilities resulting from traumatic brain injury.¹



Every 21 Seconds, One Person in the U.S. Sustains a Traumatic Brain Injury

Traumatic brain injury (TBI) Definition:

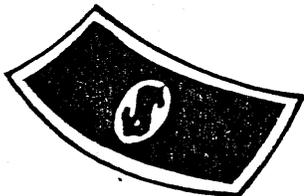
An insult to the brain, not of degenerative or congenital nature caused by an external physical force that may produce a diminished or altered state of consciousness, which results in an impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning.

Acquired brain injury (ABI) Definition:

Injury to the brain which is not hereditary, congenital or degenerative that has occurred after birth. (Includes anoxia, aneurysms, infections to the brain and stroke.)

- 1.5 Million Americans sustain a traumatic brain injury each year¹
- Each year, 80,000 Americans experience the onset of long-term disability following TBI.¹
- More than 50,000 people die every year as a result of TBI.¹
- The risk of TBI is highest among adolescents, young adults and those older than 75.²
- After one brain injury, the risk for a second injury is three times greater; after the second injury, the risk for a third injury is eight times greater.³

The Cost of Brain Injury



The cost of traumatic brain injury in the United States is estimated to be \$48.3 billion annually. Hospitalization accounts for \$31.7 billion, and fatal brain injuries cost the nation \$16.6 billion each year.⁴

Creating a better future through brain injury prevention, research, education and advocacy

105 North Alfred Street • Alexandria, VA 22314 • (703) 236-6000

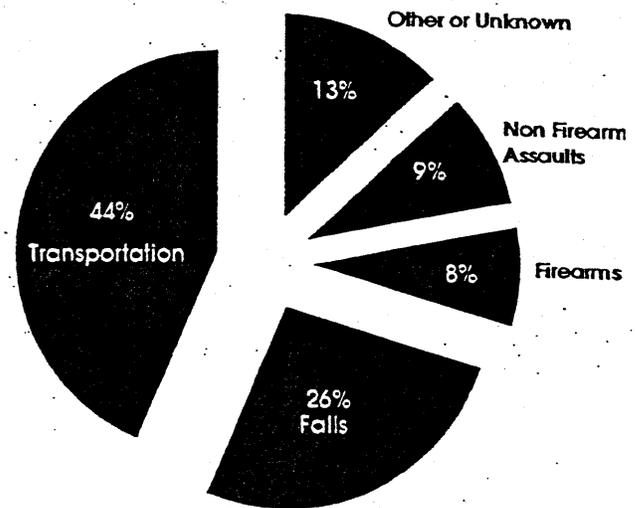
Family Helpline: 1-800-444-6443 • www.biausa.org

Percentage of TBI Causes⁵

1995-1996 - 14 States*

* Rhode Island, New York, Maryland, South Carolina, Minnesota, Louisiana, Nebraska, Oklahoma, Utah, Alaska and California (Sacramento County Only)

Vehicle Crashes are the **leading cause** of brain injury. **Falls** are the **second leading cause**, and the leading cause of brain injury in the elderly.



The Consequences of Brain Injury

Cognitive Consequences Can Include:

- Short-term memory loss; long-term memory loss
- Slowed ability to process information
- Trouble concentrating or paying attention for periods of time
- Difficulty keeping up with a conversation; other communication difficulties such as word finding problems
- Spatial disorientation
- Organizational problems and impaired judgement
- Unable to do more than one thing at a time
- A lack of initiating activities, or once started, difficulty in completing tasks without reminders

Physical Consequences Can Include:

- Seizures of all types
- Muscle spasticity
- Double vision or low vision, even blindness
- Loss of smell or taste
- Speech impairments such as slow or slurred speech
- Headaches or migraines
- Fatigue, increased need for sleep
- Balance problems

Emotional Consequences Can Include:

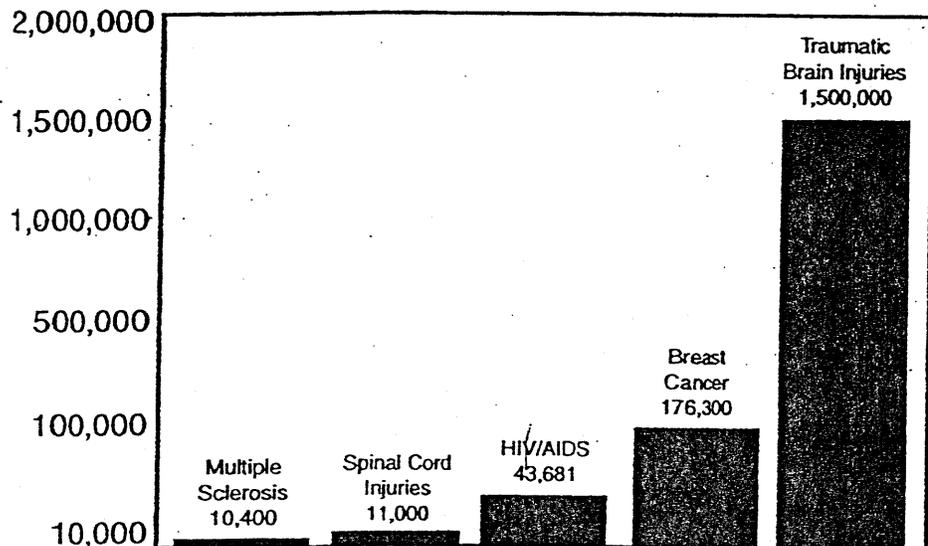
- Increased anxiety
- Depression and mood swings
- Impulsive behavior
- More easily agitated
- Egocentric behaviors; difficulty seeing how behaviors can affect others

Sources:

1. Centers for Disease Control. "Traumatic Brain Injury in the United States: A Report to Congress." www: Centers for Disease Control, (January 16, 2001) <http://www.cdc.gov/ncipc/pub-res/tbicongress.htm>.
2. Analysis by the CDC National Center for Injury Prevention and Control, using data obtained from state health departments in Alaska, Arizona, California, Colorado, Louisiana, Maryland, Missouri, New York, Oklahoma, Rhode Island, South Carolina and Utah.
3. Annegers JF, Garbow JD, Kurtland LT et al. The Incidence, Causes and Secular Trends of Head Trauma in Olstead County, Minnesota 1935- 1974. *Neurology*. 1980; 30:912-919.
4. Lewin -ICF. *The Cost of Disorders of the Brain* Washington, DC: The National Foundation for the Brain. 1992.
5. Personal Communications with Dr. David Thurman, CDC - National Center for Injury Prevention and Control, June 29, 1999.

TBI VERSUS ...

A Comparison of Traumatic Brain Injury and Leading Injuries or Diseases



Comparison of Annual Incidence

TBI

On an annual basis in the United States:

- 1.5 million people will sustain a TBI annually.¹
- 50,000 people will die annually as a result of TBI.¹
- 80,000 people annually experience the onset of long-term disabilities following TBI.¹
- There are currently 5.3 million Americans living with a disability as a result of a TBI.¹

Breast Cancer

On an annual basis in the United States:

- In 1999 there were 175,000 new instances of breast cancer in women and 1,300 new instances in men.⁴
- In 1999, 43,300 women and 400 men died from breast cancer.⁴

creating a better future through brain injury prevention, research, education and advocacy

105 North Alfred Street ♦ Alexandria, VA 22314 ♦ (703) 236-6000

Family Helpline: 1-800-444-6443 ♦ www.biausa.org

Spinal Cord Injury

On an annual basis in the United States:

- Nearly 11,000 people sustain a traumatic spinal cord injury.⁵
- More than 190,000 people in the U.S. live with paralysis caused by spinal cord injury.⁵
- 85 percent of all spinal cord injury patients who survive 24 hours after their injury are still living ten years after the incident.⁵

HIV/AIDS

On an annual basis in the United States:

- The following number of people died from an AIDS-related illness:²

1999 - 16,273	1998 - 17,930	1997 - 21,923	1996 - 37,787
1995 - 50,610	1994 - 49,869	1993 - 45,381	

- The following number of people were diagnosed with HIV/AIDS:³

1996 - 60,618	1997 - 49,704	1998 - 43,681
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Multiple Sclerosis

On an annual basis in the United States:

- It is estimated that 10,400 people are diagnosed with MS on a yearly basis, broken down to 200 new instances per week.⁶

For further information contact:
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Sources:

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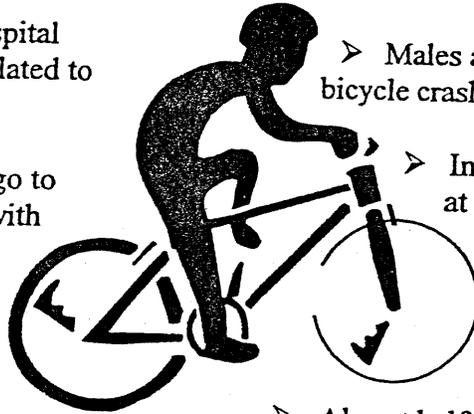


Bicycle Safety

Riding a bicycle can be a lot of fun. Bicycles can be a means of transportation, physical fitness or racing. However, bicycle riding poses many risks and should always be done correctly. Children should never abuse the right to ride a bicycle.

Crash Statistics

- A child is four times more likely to be seriously injured in a bicycle crash than kidnapped by a stranger.
- More kids, ages 5 to 14, go to hospital emergency rooms with injuries related to biking than with any other sport.¹
- Each year, about 567,000 people go to hospital emergency departments with bicycle-related injuries; about 350,000 of those injured are children under 15. Of those children, about 130,000 sustain brain injuries.²
- Each year, bicycle crashes kill about 900 people; about 200 of those killed are children under age 15.³
- Statistics show that between 70 and 80 percent of all fatal bicycle crashes involve brain injuries.
- Ninety percent of bicycle-related deaths involve collisions with motor vehicles.⁴



Who, What, When and Why

- The number of people who ride bicycles rose from 66.9 million in 1991 to 80.6 million in 1998.⁵
- Distribution of bicycle deaths in 1996: 49 percent of all deaths occurred between 3 p.m. and 9 p.m.
- Summer: May, June and July have the highest percentage of bicycle related deaths.
- Males are six times more likely to die in bicycle crashes than females.
- In 1996, 33 percent of deaths occurred at intersections.⁶
- Bicycle incidents are most likely to occur within five blocks of home.
- Almost half of all bicycle crashes occur in driveways and on sidewalks.

Bicycle Helmets

- Ninety-six percent of bicyclists killed in 1996 were reportedly not wearing helmets.
- Medical research shows that 88 percent of cyclists' brain injuries can be prevented by a bicycle helmet.⁷

- About 50% of all bicycle riders in the U.S. regularly wear bike helmets while riding a bike - a rise from 18% in 1991.⁸
- Of the 50% of bikers who regularly wear a bike helmet, 43% said they always wear a helmet and 7% said they wear a helmet more than half of the time.⁹
- Bicycle helmets reduce the risk of brain injury in the event of a crash or fall by almost 90 percent.
- Universal use of helmets could prevent one death every day and one brain injury every four minutes.¹⁰
- Half of all bike riders, however, do not regularly wear a helmet, which is the single most effective protection against brain injury.¹¹
- Having friends or parents who wear bike helmets significantly encourages children to use them.¹²
- Educational campaigns are proven to increase bike helmet use by more than one third and decrease the incidence of bicycle-related brain injuries by more than 60 percent among children.¹³

Bicycle Helmet Checklist:

- Buy a helmet that meets the safety standards of the American National Standards Institute (ANSI), the Snell Memorial Foundation or the American Society for Testing and Materials (ASTM).

- Always do these things to ensure a proper fit:
 - Tighten the chin strap to keep the helmet from slipping forward or backward.
 - Only two fingers should fit under the chin strap.
 - Place the helmet directly over the forehead.
- Wearing a helmet correctly is vitally important to the ability of the helmet to work.

Sources:

- ¹ CPSC, McDonald's Release National Survey on Bike Helmet Usage: *Helmet Use on the Rise But Half of All Riders Still Not Wearing Helmets*, April 21, 1999.
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- ⁴ BHSI, *A Compendium of Statistics from Various Sources*
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- ⁶ BHSI, *A Compendium of Statistics from Various Sources*,
- ⁷ BHSI, *A Consumer's Guide to Bicycle Helmets*, February 8, 1998
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- ⁹ CPSC, McDonald's Release National Survey on Bike Helmet Usage: *Helmet Use on the Rise But Half of All Riders Still Not Wearing Helmets*, April 21, 1999.
- ¹⁰ Sacks JJ, Holmgreen MS, Smith SM, Sosin DM. Bicycle-Associated Head Injuries and Deaths in the United States from 1984-1998: How Many Are Preventable? *JAMA*. 1991; 266:3016-3018.
- ¹¹ CPSC, McDonald's Release National Survey on Bike Helmet Usage: *Helmet Use on the Rise But Half of All Riders Still Not Wearing Helmets*, April 21, 1999.
- ¹² Dannenberg, AL. Hardheaded Partnerships. *Prevention* January 1994; 46(6)
- ¹³ Rivera FP, Thomphson DC, Hompson RS, et al. The Seattle Children's Bicycle Helmet Campaign; Changes in Helmet Use and Head Injury Admissions. *Pediatrics*. April 1994; 93 (4): 567-9.

HeadSmart® Hint to Remember: Injuries Are Not Accidents.

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**Senate Human Services and Aging Committee
Testimony Regarding Senate Bill 77
Relating to a Statewide Plan for Serving Noncustodial Parents**

April 25, 2001

Good morning Chairperson Robson and committee members. My name is Shawn Smith, and I represent the Division of Workforce Solutions in the Department of Workforce Development. With me today are Ceri Jenkins and Sue Mathison, both program experts on noncustodial parent (NCP) programs offered by the Department of Workforce Development.

We are here today to testify for information only on Senate Bill 77.

The Department agrees that it is extremely important to provide closely coordinated and fully functional services to low income NCPs in Wisconsin. To this end, we currently provide a wide variety of services aimed at helping NCPs become, stay and advance in employment. The attached documents detail some of those programs, services offered, and associated eligibility requirements.

In light of the variety of programs that are available and their differing federal and states rules, we have begun examining NCP programs in Wisconsin to see where we can better coordinate. A part of this effort includes a research paper that should be completed shortly.

The purpose of our testimony today is to inform you of some uncertainties regarding the funding source for many of the NCP programs. SB 77 calls for the comprehensive plan to include a proposal to use Temporary Assistance for Needy Families (TANF) funding for the planned NCP services. TANF funding, or its required Maintenance of Effort (MOE) state funding is currently used to fund many of the major NCP programs, including Children First, Workforce Attachment and Advancement, W-2 NCP services and Welfare-to-Work.

All TANF funds available for this fiscal year have been obligated. This includes TANF dollars from the High Performance Bonus Award that Wisconsin received last year, underspending in TANF programs for this fiscal year and other TANF dollars that were committed by the Joint Committee on Finance yesterday to be spent on the child care subsidy program to meet expenditure needs for the current fiscal year. Furthermore, the Governor's Biennial Budget request for 2001-2003 plans for the full commitment of all available TANF funding.

Most importantly, Wisconsin will receive the last of its TANF block grants under the current federal act in Federal Fiscal Year 2002, which begins October 1, 2001. Congress must reauthorize TANF prior to September 30, 2002 in order for states to continue to receive TANF funding. It is likely that Congress will reduce and/or reallocate TANF funding to the states.

Therefore, it may not be appropriate to identify any new uses for TANF funding. Thus, DWD would encourage you to consider that any planning mandated by the bill be focused solely on how *existing services can be better coordinated*, rather than on the creation of new NCP programs in Wisconsin.

The Department of Workforce Development Services to Non Custodial Parents

The first attached chart provides an overview of programs that include non-custodial parents (NCPs) as a target population for services. The second chart lists the specific services allowable under each program. The following list provides an overview of the programs described in detail in the chart.

Children First

- Provides job search assistance, work experience, education and training, and case management to NCPs court ordered to participate because of inability, failure, or refusal to pay child support.

Welfare-to-Work (WtW)

- Provides job readiness and job retention services to NCPs.
- 15% of funds distributed to Governor's Discretionary Projects: NOW Corrections, Faithworks, NAB Vets, Apprenticeship, and Southeast Asian.
- Milwaukee PIC, UMOS, and the Institute for Responsible Fatherhood and Family Revitalization provide WtW services through a competitive grant with the Department of Labor.

Workforce Attachment and Advancement (WAA)

- Provides job training and job retention services to TANF-eligible NCPs. Also provides job readiness and necessary support services.

W-2 NCP Program

- NCPs of children in families that participate in W-2 may receive the following: case management services, job search assistance, job skills training, basic education, referral to community resources, and encouraging family support.

Governor's Central City Initiative (CCI)

- Provides job readiness and employment program referrals to young African-American males, many of whom are NCPs, in Milwaukee's Central City.

Team Parenting Waiver Demonstration Project and Partners for Fragile Families (PFF)

- Unwed fathers and their counterparts eligible for services aimed at promoting responsible parenting, cooperation with child support, and increasing fatherly involvement in the lives of their children.

Community Reinvestment (Not included in attached chart)

- Many W-2 agencies are using or plan to use Community Reinvestment funds to support programs and services for NCPs in their communities.
- Douglas County will fund a Child Intervention Center for supervised visitation for court ordered non custodial parents.
- In Milwaukee County, UMOS will fund training for NCPs that includes basic education, job skills training, peer group support services, and physical, mental health, and AODA services.

Other available programs

While the programs in this chart include non-custodial parents as a target population for services, the Department administers other programs and services that NCPs may utilize. These supplementary services include the following:

- Division of Vocational Rehabilitation (DVR) Programs
- Wisconsin Job Centers
- W-2 Learnfare and W-2 Minor Parent Services
- Food Stamp Employment and Training (FSET) Program
- Workforce Investment Act (WIA)
- Wisconsin Conservation Corps (WCC)

The Department of Veteran's Affairs also administers services that NCPs may use.