

2003-04 SESSION
COMMITTEE HEARING
RECORDS

Committee Name:

Senate Committee on
Health, Children,
Families, Aging and
Long Term Care
(SC-HCFALTC)

Sample:

Record of Comm. Proceedings ... RCP

- 03hrAC-EdR_RCP_pt01a
- 03hrAC-EdR_RCP_pt01b
- 03hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

➤ 03hr_sb0057_pt05

➤ Miscellaneous ... Misc

➤ **

➤ Record of Comm. Proceedings ... RCP

➤ **



Leading the Way

UNITED PROFESSIONALS FOR
QUALITY HEALTH CARE

DISTRICT 1199W/UNITED PROFESSIONALS FOR QUALITY HEALTH CARE
Affiliated with Service Employees International Union, AFL-CIO, CLC

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UNITED PROFESSIONALS, LEADING THE WAY TO QUALITY HEALTH CARE

SENATE BILL #57

TESTIMONY OF DIAN PALMER

Before the
COMMITTEE ON HEALTH, CHILDREN, FAMILIES, AGING AND LONG TERM CARE

March 11, 2003

SEIU District 1199W/United Professionals for Quality Health Care represents approximately 1,100 nurses, therapists and dieticians employed by the State of Wisconsin. Approximately 200 of these professionals work at our State's DD Centers. As you know, the Governor has proposed in his budget shutting the Northern Center. This bill takes a different approach and calls for closing the Central Center. Our Union has serious concerns regarding any legislation that would pit one Union professional against another Union professional, which is the effect of this legislation. Job loss for any of our members is a major concern, no matter what community they live in. Therefore, we are not taking a position on this legislation. We are testifying for information purposes only.

While our Union appreciates the dilemma our State is in regarding the current budget crisis, our Union is concerned not only about the job loss our professionals will endure but, more importantly, the profound effect the closing of any DD Center will have on a very vulnerable population. The professional services provided by our State professionals are **not** currently available in the community to meet the needs of this population. We hope the Legislature takes this into consideration as it deliberates this legislation as well as the budget.

Our State professionals provide vital services, which need to be continued and provided by the State of Wisconsin. If these services are not continued in a community setting, we will see more and more of our DD residents moved back into more restrictive settings rather than a community setting. In the end, what will we have accomplished for these residents? In addition, there are residents of these DD Centers who cannot be adequately cared for in the community no matter how extensive the availability of community services and no matter what community we are talking about.

Our Union recommends caution as the Legislature considers these issues. This is a complex and difficult decision that should not be made without all of the facts and without considering the professional service needs of the DD population. Any transition of currently institutionalized residents to community settings must be handled with the utmost care. We must find a solution that protects our most vulnerable citizens.

Dian Palmer, RN
 President

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dianp@1199wup.org

Legislative Hotline # 1-800-362-9472

Mailing Addresses: Senate
 Assembly A-L
 Assembly M-Z

PO Box 7882, Madison, WI 53707

PO Box 8952, Madison, WI 53708

PO Box 8953, Madison, WI 53708

County	Senate	Assembly	Residents
Ashland	Jauch	Hubler	1
Barron	Jauch, Zien	Hubler, Wood	4
Bayfield	Jauch	Sherman	1
Brown	Hansen, Cowles, A. Lasee	Gard, F. Lasee, Bies, Ott, Van Roy, Krawczyk, Weber, Montgomery,	4
Buffalo	Brown	Gronemus	5
Burnett	Harsdorf, Jauch	Pettis, Boyle	1
Calumet	A. Lasee, Leibham	Kestell, Ott	1
Chippewa	Zien	Wood, Balow, Suder	8
Clark	Zien	Suder	2
Dane	Chvala, Erpenbach, Fitzgerald, Risser, Robson	Ward, Powers, Travis, Miller, Pope-Roberts, Hahn, Hebl, Pocan	1
Dodge	Fitzgerald, Kanavas	Foti, Fitzgerald, M. Lehman	1
Douglas	Jauch	Boyle	5
Dunn	Harsdorf, Brown, Zien	Plouff, Wood, Kreibich	5
Eau Claire	Brown, Zien	Kreibich, Balow, Musser	9
Fond du Lac	Roessler, Welch, Panzer	Townsend, Owens, Olsen, LeMahieu, Kestell	2
Grant	Schultz	Loeffelholz	2
Green Lake	Welch	Olsen	4
Jefferson	Fitzgerald, Robson, Kedzie	Ward, Foti, Nass, Towns	2
Juneau	Schultz	Albers	3
Kenosha	Wirch, Stepp	Kerkman, Steinbrink, Kreuser, Lothian	2
La Crosse	Meyer	Shilling, Huebsch	3
Langlade	Breske	Friske, Seratti	2
Lincoln	Breske	Friske	6
Manitowoc	A. Lasee, Leibham	Ziegelbauer, F. Lasee, Kestell	1
Marathon	Decker, Breske, Zien	Suder, Petrowski, Huber, Vruwink, M.	8

TESTIMONY- SENATE HEALTH AND HUMAN SERVICES COMMITTEE
SENATE BILL 57
Department of Health and Family Services
March 11, 2003

The Department of Health and Family Services (DHFS) is testifying in opposition of Senate Bill 57.

Although the Department supports the significant downsizing of Northern Wisconsin Center (NWC), we are opposed to Senate Bill 57 for the following reasons:

Cost Too Great

The bill requires the Department to submit a plan to significantly downsize Central Wisconsin Center (CWC) and either transfer people to the other two state centers, or relocate individuals to community settings. The cost of downsizing CWC is prohibitive because:

- The people who live at CWC have complex medical and physical disabilities. Significant remodeling of the physical plant at CWC has been done to accommodate the complex care needs and to meet the state and federal life safety codes. Remodeling of a 28-bed unit was recently completed at a cost of \$914,000.
- The current physical plant at either NWC or SWC, as is, could not accommodate people from CWC. Over the years, both NWC and SWC have vacated buildings as people moved to the community. The useable space has been turned over to other state agencies, which currently occupy the buildings. Buildings that have been vacated and remain unoccupied do not meet life safety codes and any remodeling necessary to safely provide care to people will be costly. Estimated costs for new construction are calculated at \$100,000 per bed. Construction costs for 143 beds are projected to cost \$14,300,000. The capacity to transfer large numbers of individuals from CWC to NWC or SWC no longer exists.
- SWC and NWC will need to add Department of Public Instruction licensed teachers and an education director in order to serve children. This will significantly add to the costs at both facilities.
- CWC shares services with Mendota Mental Health Institute. Eliminating the shared services will increase the infrastructure costs at Mendota. Examples include custodial services, security officers, buildings and grounds staff, etc.
- CWC has 50 registered nurses and 63 licensed practical nurses because of the medical complexity of the people living there. NWC has only 2.5 registered nurses and 25 licensed practical nurses. SWC has 34 registered nurses and 9

licensed practical nurses. The cost of staffing with registered nurses and licensed practical nurses or the ability to recruit will be a concern at the other two centers.

Major Policy Concerns

There is virtually nowhere for people to move to. There is not sufficient capacity at either center or in the community to care for 160 of the 353 people. The services offered at CWC are not replicable in other parts of the state because of the nature of the service offered.

- Wisconsin's policy is to lessen our reliance on institutional settings and develop community transitions. This bill attempts to simply shift people from one center to another at great cost and little opportunity for community living.
- SWC and NWC do not have enough beds that can be opened to provide care for all of the people who live at CWC. There is not sufficient time to either remodel or complete new construction.
- The counties cannot develop safe community settings for individuals with this level of complex medical needs within the timeframes allowed for in the bill.
- CWC is located near a large metropolitan medical center, University Hospitals, to provide acute care for people with complex needs. CWC is a training site for rehabilitation medicine as well. Similar connections to academic institutions do not exist with SWC or NWC. Over the long term we will lack physicians and others who have had training in serving people with complex needs. This will impact the capacity of community providers to provide needed health services to individuals with developmental disabilities in the community.
- The services provided at CWC for children with complex medical conditions on a short term basis will not be replicable at other centers and will be a service lost to the state. These children will be more at risk for long-term institutionalization without these short-term services designed to keep children in their homes. In other words these children are at risk of longer institutional placements.

Legality of Downsizing CWC

The bill requires the Department to submit a plan by January 2004 for significantly downsizing CWC by June 30, 2004. This is not enough time to accomplish a safe and orderly relocation of 353 people.

- The Federal Office of Civil Rights and other advocacy groups will review each individual to determine if the person is in the least restrictive

environment and may challenge the state in transferring people to other institutions if a community transition would be an option. The state will be monitored for compliance with the American with Disabilities Act and the Olmstead decision.

Programmatic Issues

- Historically, CWC accepted, by statute, those people from across the state who have the most complex needs, besides all children. The residual effect of that statutory provision is that people who live at CWC have a greater degree of complexity of care than is found at NWC or SWC.
- Currently 353 people live at CWC. Of these individuals, 239, or 76 percent, are at the DD1A care level meaning they are at the highest complexity of care because of medical and physical care needs. *Double nothing*
- CWC provides services for the most complicated and medically involved persons which must be maintained until the Department of Health and Family Services is certain that equivalent care is available at either another facility (state center) or in the community.
- Approximately 80 percent of the population at CWC use wheelchairs for mobility. The receiving facility, be it a state center or community, must be totally accessible or the person cannot move.
- The complexity of people will necessitate a lengthy planning time to safely relocate people. It will take a minimum of six months to transition a person without great complexity and even longer if the person has complex needs.
- At CWC, 353 people would need to move which is almost twice as many people needing to move in a short time frame as compared to the numbers at NWC.
- Children at CWC attend Madison Public Schools. Historically, the Chippewa Falls school district has been unable to serve school age students living at NWC. It will also be very difficult to negotiate an agreement with the local school district in Union Grove.
- Approximately 28 percent of the people at CWC are from Milwaukee County. Milwaukee County is in the midst of relocating individuals from two ICF/MR's that are closing. It will be difficult to develop appropriate and available resources in the community for people within the short time frame.

*Washburn population easier
to place not - only 5% would
cost more here
Washburn etc. people*

Overview of the Decision to Significantly Downsize the Northern Wisconsin Center

Rationale

Since the 1970's, state centers for the developmentally disabled have continuously transitioned individuals with developmental disabilities to the community. Wisconsin is following the national philosophy based on the belief that with proper supports, persons can live in their own homes in the community and experience an improved quality of life and life choices. Since 1983, through the Community Integration Program (CIP), the Department of Health and Family Services, counties, persons with developmental disabilities and their guardians have worked together to provide over 10,000 persons with safe and effective community-based services and supports. Over 1,100 persons have transitioned from the state centers to community settings.

Guardians representing individuals who have moved from the Centers indicate a 95% satisfaction level with the supports provided. Wisconsin continues to follow the national trend to move people into the communities, but at this time is one of only 13 states that has not closed at least one state-operated facility.

The Department of Health and Family Services is responsible for administering the three centers for developmental disabilities. We are responsible for doing this within our overall programmatic and policy directions of the state and federal government to provide care that meets the state and federal health and safety standards and operate our facilities in a cost effective manner.

It was the decision of the Department to significantly downsize NWC for two reasons: programmatic and fiscal. Programmatically, we want to continue and strengthen the policy direction of providing opportunities to individuals with disabilities to be included in our communities in small size living settings that meet the health, safety and welfare needs of the residents.

Fiscally, the Department determined that it is no longer cost effective to maintain three centers for persons with developmental disabilities.

The decision to downsize the NWC was made after a careful analysis by Department staff who are familiar with the resident needs, state and federal policy directives, funding available, and the capacity of Wisconsin counties and providers to develop community placements.

The Department reviewed a number of factors that went into the decision to significantly downsize Northern Wisconsin Center (NWC).

All three Centers were scrutinized for factors that would lead to successful transitioning:

Southern Wisconsin Center (SWC):

- The southeastern region counties currently face a very high influx of people with disabilities into the local community.
- A number of ICF/MR closures in and around Milwaukee have resulted in significant demands on the community system. In addition to previous closures, the closure of Jackson Center in December resulted in the movement of over 70 people into the community. In addition, 150 people need to move out of Hearthside by May of 2004.
- At SWC, 106 of the people are from Milwaukee County.
- A significant downsizing of SWC in a safe and thoughtful manner at this time was not felt to be feasible given the other demands on the community system at this time.
- Of these individuals, only 70% are expected to be able to move to the community at the \$325.00 rate.

Central Wisconsin Center (CWC):

- This Center has traditionally provided services to the most medically fragile individuals. Of these individuals, 239 are considered to be DD level 1A, which is defined as the most medically difficult to support. CWC provides services for the most complicated and medically involved persons which must be maintained until the Department of Health and Family Services is certain that equivalent community care is accessible for large numbers of persons.
- Approximately 80% of the population at CWC use wheelchairs for mobility. The need for accessible housing increases the cost for community living.
- Approximately 95% require awake staff at night. The need for awake staff also increases the community costs.
- Of these individuals, only 80% could move to the community at the \$325.00 rate.
- At CWC, 98 people are from Milwaukee County. And as mentioned previously, Milwaukee's ability to develop community placement is challenged by existing facility closures.
- Because of the current census of 353 individuals at CWC, almost twice as many people would need to move in a short time frame as compared to the numbers at NWC (169).

Northern Wisconsin Center (NWC):

- NWC has the smallest population, with no county having more than ten individuals living there, and thereby produces the least impact for counties.
- About 95% of the people living at NWC have estimated costs under the anticipated Community Integration Program (CIP) rate of \$325.00 per day.
- Characteristics of the population at NWC are very similar to people have already transitioned successfully to the community.

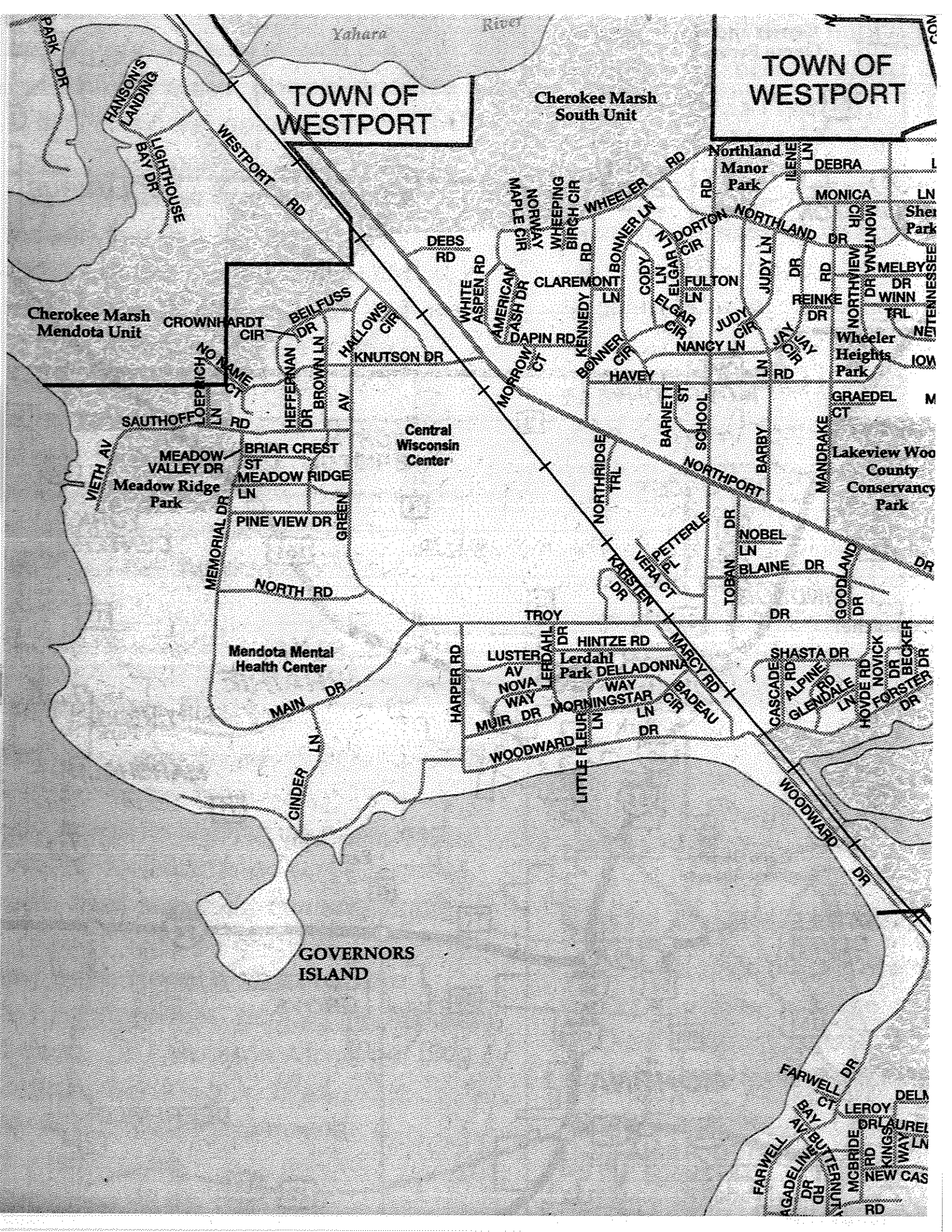
These were some of the factors that led to the conclusion to significantly downsize Northern Wisconsin Center, as the facility most likely to achieve successful relocations of the largest numbers of people, at this point in time.

A 20-bed short term intensive treatment unit will remain at NWC to maintain a presence in the northern region. Surrounding counties have requested this state presence to meet the short-term needs of persons with both developmental disabilities and mental health issues or significant behavioral issues. These are the individuals who challenge the current human services delivery system.

We believe and the Secretary of the Department of Health and Family Services, Helene Nelson, has publicly stated that the Department does not regret the policy and program decision to significantly downsize NWC. But we do regret the impact of this decision on the staff and families of NWC. To minimize the impact, we are committed to providing out placement options including community employment for our staff as it is feasible.

This bill adds to the uncertainty of the future of the centers, their staff, and the individuals who live there. I urge you to vote against 8B57.

Additional comparative data that was considered is attached.



TOWN OF WESTPORT

TOWN OF WESTPORT

Cherokee Marsh South Unit

Cherokee Marsh Mendota Unit

Central Wisconsin Center

Mendota Mental Health Center

GOVERNORS ISLAND

Northland Manor Park

Meadow Ridge Park

Lakeview Wood County Conservancy Park

Sher Park

Wheeler Heights Park

PARK DR
HANSON'S LANDING
LIGHTHOUSE
BAY DR

WESTPORT RD

MAPLE CIR
NORWAY
WHEEPING
BIRCH CIR

WHEELER RD
BONNER LN
CODY LN

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CROWN HARTD CIR
BEILFUSS
HEFFERNAN DR
BROWN LN

HALLOWS CIR
KNUTSON DR

WHITE ASPEN RD
AMERICAN DASH DR

MORROW CT
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BONNER CIR

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BROWN LN

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VIETH AV
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**State Centers for Persons with Developmental Disabilities
- COMPARATIVE DATA -**

CENTER CAPACITY

Number of occupied beds (current census)
 Number of usable un-occupied beds (that meet life safety codes)
 Daily cost of care, per person

CWC	NWC	SWC
353	169	263
58	18	60
\$465	\$522	\$444

DD LEVEL OF CARE: (means the person....)

DD1A: has a complex or unstable health condition
 DD1B: exhibits behaviors causing threat to self or others health, safety or welfare
 DD2: needs assistance with and learning basic ADL and social skills
 DD3: needs assistance with or learning social, leisure, and/or vocational skills

238	45	77
58	122	113
44	5	65
0	0	0

RELOCATIONS TO-DATE

Number of CIP1A relocations (since the inception of waiver in 1983)

253	474	377
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COST PROJECTIONS FOR COMMUNITY LIVING

Number of people whose cost is estimated below \$325
 Number of people whose cost is estimated above \$325

296	160	184
57	9	79

STAFFING

Total number of full-time equivalent staff

943	577	616
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COUNTIES

Total number of counties served at center
 Number of counties with 4 or less people served
 Number of counties with 5-25 people served
 Number of counties with more than 25 people served

58	52	22
40	39	14
16	13	6
2	0	2

LAND

approximate acreage

72 acres	344 acres	385 acres
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TESTIMONY- SENATE HEALTH AND HUMAN SERVICES COMMITTEE
SENATE BILL 57
Department of Health and Family Services
March 11, 2003

SB 57 – requiring termination of services of, transfer or sale of tangible personal property and sale of real property at, and transfer of resident from Central Center for the Developmentally Disabled. Sponsors are Senator Zien, Brown/Rep. J. Wood, Suder, Kreibich, Hines, Balow and Ladwig. Fr. Lasee.

DHFS is registered against Senate Bill 57

Secretary Helene Nelson is in Washington D.C. today meeting with members of our Congressional Delegation and working to get more federal dollars for the state MA program and our community-based waiver programs.

I am Gary Radloff Legislative Liaison with DHFS and appearing with me today is Sinikka McCabe, Administrator with the Division of Supportive Living. We also have DHFS staff, Mary Green of the Bureau of Developmental Disability Services and Fredi Bove our DHFS budget director.

I know the authors of SB 57 are well intentioned and doing what they believe is best for their districts. I want to make clear that our criticism today is focused on the substance of SB 57 and not the authors or their intentions.

Senate Bill 57 is bad public policy because it does not stand the test of logic. DHFS strongly opposes Senate Bill 57 for five critical reasons;

- SB 57 is not a thoughtful analysis of the differences among the center populations.
- SB 57 poises great risk to the health and safety of residents at Central Wisconsin Center.
- SB 57 is more costly than downsizing Northern center.
- SB 57 essential pits worker against worker, guardian against guardian, families against families, and that is truly unfortunate. It raises false hopes for some and needless anxiety for others.

- **SB 57 centers on the value of Madison real estate. It is not logical public policy to place the value of real estate over the value of human life.**

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- SB 57 is not a thoughtful analysis of the differences among the center populations.

In twenty years (1983 to 2003) we placed 253 residents from CWC in the community. SB 57 is requiring DHFS place 353 residents of CWC in the community in less than twenty months.

We must place them because we can not transfer them to other centers. The capacity does not exist at NWC and SWC. There are 18 beds at NWC and 60 beds at SWC.

The result would be a hastily conceived and poorly executed operation whose net result would endanger the health and safety of many CWC residents.

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I want to make some general points on how the state arrived at this point.

- DHFS has been evaluating the future of all our centers for the Developmentally Disabled for many months. Prior to new administration taking office the policy options were under review. As many of our long-term legislators know the issue of closing centers has been before policymakers in the previous sessions.

- The Decision to downsize Northern Center was very difficult, but involved very careful and thoughtful review and deliberation by DHFS staff and administrators.
- All DHFS run facilities have a high quality of care and committed staff. All at DHFS are proud of the dedicated service of workers at all the centers. These are challenging jobs and the people working their every day are unselfish and very caring about the health care needs of people who live at the center.
- It is not about how staff do their jobs. It is about excelerating the model on how we support people with development disabilities in Wisconsin so that it becomes the norm.
- The decision to administratively downsize at our centers was not just to cut state employees. The downsizing or our centers and relocating individuals back to their home communities is sound public policy and most importantly, the right thing to do.
- Given Wisconsin's fiscal constraints faced in this budget and our state's continued commitment to community place, the time has come for the State of Wisconsin to make this change.
- Secretary Nelson, in consultation with DHFS staff, made the decision to focus administrative downsizing at the Northern Wisconsin Center. It is not done to protect southern Wisconsin jobs versus northern Wisconsin jobs.
- All three centers were scrutinized for factors that would lead to successful transitioning of their residents and the costs of all options explored. The administrative authority granted to DHFS under Chapter 51 of Wisconsin Statutes was based on a careful and reasoned review.

- Sinikka McCabe in her comments will detail the evaluation done at all three Centers and key decision points used to arrive at the decision we announced in February of this year.

Cost Too Great

The bill requires the Department to submit a plan to significantly downsize Central Wisconsin Center (CWC) and either transfer people to the other two state centers, or relocate individuals to community settings. The cost of downsizing CWC is prohibitive because:

- The people who live at CWC have complex medical and physical disabilities. Significant remodeling of the physical plant at CWC has been done to accommodate the complex care needs and to meet the state and federal life safety codes. Remodeling of a 28-bed unit was recently completed at a cost of \$914,000.
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The bill requires the Department to submit a plan by January 2004 for significantly downsizing CWC by June 30, 2004. This is not enough time to accomplish a safe and orderly relocation of 353 people.

- The Federal Office of Civil Rights and other advocacy groups will review each individual to determine if the person is in the least restrictive environment and may challenge the state in transferring people to other institutions if a community transition would be an option. The state will be monitored for compliance with the American with Disabilities Act and the Olmstead decision.

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- Approximately 28 percent of the people at CWC are from Milwaukee County. Milwaukee County is in the midst of relocating individuals from two ICF/MR's that are closing. It will be difficult to develop appropriate and available resources in the community for people within the short time frame.

TESTIMONY ON CENTER CLOSING

MARCH 11, 2003

JUDITH A. FELL

I am sending this testimony in support of Governor Doyle's proposal to down size Northern Center. I believe that this is not only the correct economic thing to do, but also the correct social thing to do. I personally have been involved with the Center question since I was a child when my aunt was a resident at Northern Center. I was more acutely involved with Central Center after my ten year old son, Billy, was placed there after sustaining a severe brain injury from a bike fall in 1979. In those times the community was not able to support People with Disabilities. Today, the knowledge and conditions have changed tremendously, and, I believe the community is the best place for People with Disabilities to live.

This belief has grown stronger during current years as I have looked over the question and have studied the issues involved in Wisconsin and in other states as well. As a former Chairperson of the Wisconsin Council on Developmental Disability and Vice Chairperson of the National Association of Developmental Disability Councils, I had many opportunities to see over and over again successes of people being moved back into the community. Not only did they thrive, but so also did the community.

I also was fortunate to serve on a Legislative Council Committee a few years ago where I learned more fully the situation in Wisconsin. As a member of that committee, I was able to talk with residents, guardians and employees of the three Centers. I thoroughly feel that it is appropriate to close Northern Center at this time. It must be done deliberately and cautiously so that all involved are treated with the care and the respect that they deserve.

I am sorry that I could not be with you personally today and appreciate the opportunity to have you hear my thoughts. Thank you.

Judith A. Fell
1455 South 54 Street
West Milwaukee, WI 53214-5202

Testimony of Representative Larry Balow in support of Senate Bill 57 before the Senate Committee on Health, Children, Families, Aging, and Long Term Care.

March 11, 2003
Room 411, State Capitol

Chair Roessler and committee members, thank you for your time today and for allowing me to testify in support of Senate Bill 57 as a measure to keep the Northern Wisconsin Center open.

Let me start by saying I applaud Gov. Doyle for taking steps to shrink the size of state government and cut spending. In this time of shrinking revenues, it's important to look at ways to make state government more efficient while keeping the services our residents have come to rely on intact.

However, I have severe reservations about the closing of the Northern Center. As such, I support SB 57 as a way to keep the Northern Center open while continuing to provide much needed services for people with developmental disabilities in Northern Wisconsin.

Not a day goes by where I don't receive emails, calls and letters from individuals in the Chippewa Valley in support of keeping the Northern Center open. These

letters have come from the families and loved ones of residents, local business and political leaders and Northern Center employees – all supporting the continuation of operations at the Northern Center.

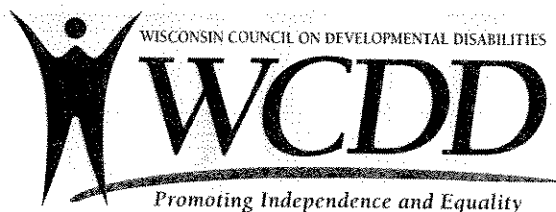
Many of these letters and calls have cited the following substantial economic impact to our area as a sound basis for keeping the Northern Center open:

- Chippewa Falls could realize up to \$55 million/year in losses if the Center were to close according to President of the Chippewa Economic Development Corporation*
- Over 200 families in our immediate area have at least one individual employed by the Center*
- Since April, 2001 1,982 jobs have been lost in the Chippewa Falls area according to Workforce Resources, Inc. of Chippewa Falls.*
- The current unemployment rate in Chippewa County is over 6%, while the current unemployment rate in Dane County is about 2%.*
- A loss of 300 jobs at the Northern Center, coupled with hundreds of layoffs by other employers in the area, will create a significant economic strain on our community that will reach well beyond the City of Chippewa Falls.*

Bluntly stated and succinctly stated, our community will be hit extremely hard by the closing of the Center.

- *Keeping the Northern Center open allows families with a loved one there to continue to have a reasonable distance to travel.*

Thank you again for your time this afternoon.



Date: March 11, 2003

To: Sen. Carol Roessler, Chair
Health, Children, Families, Aging and Long Term Care Committee

From: Barbara Lyons, Chair, and Gerald Born, Vice-Chair

Re: Opposition to SB 57: Terminating services at Central Wis. Center for the Developmentally Disabled

The Wisconsin Council on Developmental Disabilities supports the closure of 2 State Centers for the Developmentally Disabled within the next two biennia. The Council firmly believes:

- All people with developmental disabilities are able to live in their home community with the appropriate services and supports.
- People with developmental disabilities experience richer, fuller lives in community settings rather than large congregate institutions.
- Countless examples attest to former State Center residents with very significant disabilities "blossoming" in the community and making meaningful contributions.
- When a State Center closes or downsizes, the vast majority of the residents should return to the community rather than transfer to another State Center or other institution.

Though the Council would support the closure of another Center, the Council strongly believes closing Northern Center first is the logical choice to make. The Council's reasons are as follows:

- Department of Health and Family Services staff have identified a higher percentage of residents of Northern as able to be supported in the community at the \$325 daily rate than at Central or Southern.
- Since Northern Center has the smallest number of residents, and because the residents are from 52 counties, a single county will not be pressed with large numbers of placements.
- Northern community providers currently have the capacity to support people; southern and eastern community providers are still working with placements from Hearthside or Jackson Center.
- Northern and Southern Centers are not equipped or able to support the children residing at Central Center.
- Central Center has the most sophisticated medical staff and equipment and it is near the Waisman Center, University of Wisconsin Hospitals and Clinics, and the UW Children's Hospital. Transferring the equipment, staff, and medical expertise to the other Centers would be costly or impossible.

The Council sympathizes with the stress and upheaval workers are experiencing at Northern Center and hopes workers at large institutions will find the opportunity to apply their skills and talents to support people in community settings. The Wisconsin legislature can assist with the workers' transition by supporting higher community rates that allow community providers to offer wages and benefits comparable to the State Centers.

Thank you for your consideration of this testimony. Please contact Jennifer Ondrejka, Executive Director, at 266-1166 or ondrejkm@dhfs.state.wi.us if you have questions.

MAR 11 2003

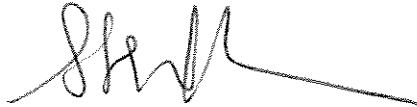
Dear Senator Roessler:

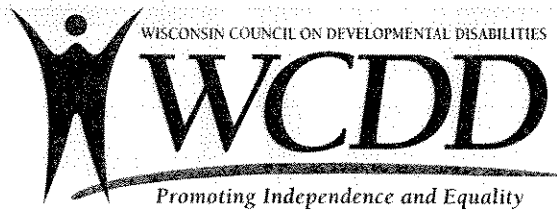
I am writing this written testimony in regards to Senate Bill 57. I support the eventual closing of all three Centers for people for Developmental Disabilities, however at this time I oppose this bill due to the following reasons.

1. Based on the work of DHFS they have concluded that a higher percentage of people at Northern center can be supported in the community at the current rates, than people from the other centers.
2. Northern Center has the highest rates because of overhead cost to run the Center; therefore it makes economic sense to downsize this institution.
3. In my judgment the capacity to support people who presently reside at Northern Center is higher in the northern portion of the state than in other parts of the state. It appears that the residents at Northern are from many parts of the state and not isolated to just a few, therefore the capacity of the counties to develop relocation plans is higher.
4. Northern and Southern are not equipped to manage the needs of children.
5. The cost of relocating medical equipment and staff presently at Central Center is costly and appears to make no sense, as eventually we would hope to close Central Center. Therefore we would be spending money to relocate equipment, for a finite amount of time.

I appreciate the opportunity to offer this testimony.

Sincerely,
Steven J. Kashdan
624 east Idlewild Court
Green Bay, WI 54303





Date: March 11, 2003

To: Sen. Carol Roessler, Chair
Health, Children, Families, Aging and Long Term Care Committee

From: Barbara Lyons, Chair, and Gerald Born, Vice-Chair

Re: Opposition to SB 57: Terminating services at Central Wis. Center for the Developmentally Disabled

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Thank you for your consideration of this testimony. Please contact Jennifer Ondrejka, Executive Director, at 266-1166 or ondrejkm@dhfs.state.wi.us if you have questions.



Community Alliance of Providers of Wisconsin
Providers for Change

President
Richard C. Berling

Vice President
Lincoln Burr

Treasurer
Shelley Rashke

Secretary
Nancy Leipzig

Charter Members

Avenues to
Community

CCLS, Inc.

Clarity Care

Dungarvin

HIL

Madison Area
Rehabilitation
Centers (MARC)

New Horizons North

Options in
Community Living

REM Wisconsin

RFDF

Testimony for Senate Committee on Health, Children,
Families, Aging and Long Term Care: S. 57

March 11, 2003

Presented by:

Richard C. Berling, President
Lincoln Burr, Vice President
Nancy Leipzig, Secretary

We are here representing a group of private providers of community-based services for 4,000 adults with developmental disabilities and over 4,000 direct care workers throughout Wisconsin. Over the years we and our colleagues throughout the State have been entrusted with the care of thousands of people with developmental disabilities 24 hours a day, 7 days a week. The consumers of community based services include approximately 2,000 individuals who have left the State DD Centers since 1970. We have accumulated a wealth of experience and expertise in the past 30 years. We support Governor Doyle and Secretary Nelson's plans to downsize our State DD Centers.

We understand that the continuing process in downsizing the state centers is at a critical crossroads. We acknowledge that multiple interests must be balanced in crossing the threshold of DD Center closures. However, Wisconsin is lagging behind other states in closing state institutions. We are on the brink of fateful decisions to make meaningful gains in the continuing effort to afford full rights and opportunities to our most vulnerable citizens.

(over)

Workforce Development + Living Wages = Quality Services

You may contact CAPOW at MARC 901 Post Road Madison WI 53713-3260
Or call 1-608-223-9110 Ext 20 or email rberling@marc-inc.org

Our communities benefit by having our developmentally disabled citizens return home. These benefits include community awareness and education, acceptance of diversity and support for people with disabilities, and the full expression of legal rights for all citizens in compliance with State and Federal laws and court decisions. Community based living is available throughout the state in urban areas as well as small, rural communities. It has produced tens of thousands of jobs throughout Wisconsin.

More significant than the positive impact upon our communities that deinstitutionalization has had is the infinite and immeasurable positive effects on the individuals who return home. There are thousands of stories throughout the state of people with disabilities doing things that were thought to be impossible. Their lives are fuller and richer. They contribute to their communities. They have pride in themselves and what they have accomplished. As community-based providers, we have seen it happen.

We now turn to the topic of funding. We realize that privatizing services for people with developmental disabilities through community living has saved the Federal, State and Counties untold millions of dollars. It is now time to return those savings to the community providers. The disparity in wages between public sector and private sector direct care workers is egregious. One example of such disparity exists in Dane County between Badger Prairie Health Care Center and private sector staff: the difference in wages and fringe benefits is \$18,000 annually, and that disparity is growing. There has been an underfunding of providers of community-based services resulting in pay that is below living wages, few fringe benefits, and high turnover rates. Should any or all of the State DD Centers close, the funds supporting these residents must follow them into the community. Counties must be adequately funded to provide quality services to their most vulnerable adults. This disparity must be addressed.

The task before you will effect the lives of hundreds of our most vulnerable citizens. Residents have been leaving the Centers at a rate of 75 individuals a year for the past 30 years indicating a near term horizon for closure of one, two or all three Centers. We support Governor Doyle's proposal to continue to downsize the Centers. We believe that should closures take place, they must do so in an orderly sequence. Community providers throughout the State are ready and willing to work cooperatively with the state centers to assist with this endeavor.

As you make the decisions necessary to proceed toward the closures, please acknowledge that these residents deserve the assurance of quality services throughout their lives. Quality services require quality staff, supported by adequate salaries and fringe benefits.

In summary we pledge our cooperation in helping you continue placing the residents of any or all three centers in the community. We trust you are the equal of the daunting task before you. Other states have completed similar projects. We look forward to working with the State of Wisconsin, the counties, and the families of our State's most vulnerable citizens. Thank you.

March 11, 2003

To: Senator Carol Roessler

From: Melissa Anderson
308 W. Elm St.
Chippewa Falls, WI 54729
(715) 720-9064
mmanderson67@aol.com

*Submit for
Testimony*

Re: Hearing on SB57

I am offering testimony today as an advocate for people with developmental disabilities and as a resident of Chippewa County.

For the past 12 years, I have worked for a not-for-profit agency. I currently supervise five residential programs for adults with developmental disabilities. A major part of my job is to develop a home in the community for people who are moving from their current placement (often Northern Center). I have seen firsthand what a difference can be made in a person's life when they are offered choices about things that just can't be offered in an institutional setting (i.e. what to make for supper, showering or bathing, running out for an ice cream cone with one other person instead of 10, etc...). While these are things you and I take for granted, they are choices that a person living in an institutional setting never gets to make. I have seen the parents struggle and fight against community placement and understand that it is coming from fear and guilt. But, I have witnessed these same parents, 6 months after their child has been living in the community, weeping and thanking me for giving their child a new life. In 12 years, I have not witnessed one community placement that wasn't positive. So, obviously I am an advocate for community placement.

That said, the issue is really which of the Centers to close. Central Center is medically based. Their staff are trained to deal specifically with medically fragile children and adults. They are key players in genetic research, particularly Down Syndrome. And, because of their proximity to Madison, Milwaukee, and Chicago, they have access to technology and resources that northern Wisconsin doesn't offer. While Northern Center has certainly done a nice job of caring for people, they don't have the training or facilities necessary to care for children or medically fragile individuals. NWC's census is at its lowest point and the cost per day is at its highest. While I am sympathetic, keeping it open purely to appease its staff just doesn't make sense.

As a resident of Chippewa Falls for most of my 35 years, I also realize that the closing of Northern Center would affect the economy of the area. Those employees of Northern Center are accustomed to the salary and benefits a state job ensure. However, the closing of Northern Center would, invariably, create other positions to serve those individuals that would be moving into the community. In addition, the land that Northern Center sits on would be prime land that could be used to attract industry to the area.

In summary, I support the Governor's proposal to close Northern Center.

March 11, 2003

Teresa Bell Stone
E10006 County Road C
Elk Mound, WI 54739

Re: Hearing on SB57, Submit for Testimony

To Whom It May Concern,

I am writing in response to the hearing regarding the closing of Central Center as an alternative to closing Northern Center.

I have worked in the human services field for the past thirty years. My experience has included time in nursing homes, institutions and supervised living situations in the community.

The past few weeks, have brought many individuals who work at Northern Center, to the front of the news. Radio talk shows, opinion pages and news stories have carried their plight. I certainly understand their fear of an uncertain employment future. It has also distressed me to hear the old "horror stories" appear in these opinions. As an advocate of community placement, I have heard these stories over and over through the years.

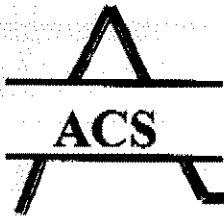
My experience in human services, has shown the opposite to be true. I see individuals who previously lived in the institution, living in beautiful homes, with one to three other individuals. I see care givers who frequently have a university degree, or are working on a degree for a future in the field of human services. I see individuals who receive a great deal of one on one attention and many opportunities to live as normal a life as possible. I would invite any person who has doubt, to visit Northern Center, then visit one of the many community homes for people with disabilities. Decide where you would want to live.

As a taxpayer, I do not believe we can afford to pay the \$500.00 plus per day to keep a person in an institution. Community placements are, almost always, well under this cost. I also believe it is a mistake to state the large number of lost jobs now being expressed, if the Northern Center were to close. Community placements would simply transfer jobs to a different location, the community. I support the Governor's proposal to close Northern Center.

Sincerely,



Teresa Bell Stone



Aurora Community Services

"A new beginning"

*Comprised of: Aurora Residential Alternatives, Inc., Aurora Community Health, Inc., ACCESS, Inc.
"An employee owned company"*

FAX COVER SHEET

Date: March 11, 2003

To: Senator Carol A. Roessler

Fax Number: 608-266-0423

From: Holly Hakes, Quality Assurance Administrator

RE: Written Testimony for hearing on SB57

Please accept the following documents as written testimony for today's hearing on SB57.

Thank you.

Main Office: P. O. Box 68, Menomonie WI 54751
Phone: (715) 235-1839 Fax: (715) 235-2688
TTY: 1-888-261-5585

Equal Employment Opportunity / Affirmative Action Employer

Holly Hakes

To... sen.zien@legis.state.wi.us; rep.woodj@legis.state.wi.us
Cc...
Bcc... adjubenski@auroraservices.com; lleinenkugel@auroraservices.com; atrautmiller@auroraservices.com; :
Subject: SB57
Attachments:

Senator Zien and Representative Wood,

My name is Holly Hakes. I live at 616 Mansfield Street, Chippewa Falls, WI 54729. I am employed as a Human Resources Director and Quality Assurance Administrator for Aurora Community Services. I am writing to share my input regarding SB57.

SB57 is concerning to me, both as a citizen of Chippewa Falls, and as an advocate for persons with disabilities, because it has been created to protect the economic well being of a geographic area. The well being and interests of the individuals living in that center, has taken a back seat to the economic interests of my community, and the employees who are faced with potential job loss.

I am sympathetic to the plight of those persons faced with losing a job. However, Chippewa Falls has been in this position before. Workers at Mason Shoe have faced a similar situation. Most of Chippewa Falls was impacted by the years of Cray downsizing, and subsequent computer businesses with layoffs. All of the employees impacted in this way over the past years have moved on, and found a way to continue with their lives. The same is true for Northern Center employees. It concerns me, that in this instance, when State workers are faced with layoff, there is an apparent sense of entitlement to those jobs, and subsequent bills being passed and petitions being signed all in the names of protecting self interests. The self interests of the union employees, your self interest in representing constituents who elect you to office, but not on the self interests of the vulnerable persons being cared for at the institution in question.

With regards to the self interests of those individuals served at the Center, I believe that the State of Wisconsin has had adequate experience with community based care to answer the question of the need for such an institution. Wisconsin has successfully transferred thousands of persons into community based settings with an extraordinarily high level of success. Many other States have downsized and even eliminated institutional settings in favor of community based alternatives.

I support the closing of Central Center, and Southern Center and the Northern Center. If you want to protect the interests of your constituents, then please consider the CIP1A and CIP1B rates in Governor Doyle's budget. Jobs will be retained in the community, caring for the same population living at the center. Increasing compensation for community based care through funding streams such as the Community Integration Program will present a win-win for you as legislators- make the money for residential care go further in the community, and provide a mechanism for increasing compensation rates for all direct care employees, including your constituents from the Northern Center who are well qualified for work within the community based care industry.

Thank you for your consideration. I would welcome the opportunity to meet with either of you more directly, or to have you visit one of our homes in the community, to see firsthand for yourselves the lifestyle being lived by these individuals.

Sincerely,
Holly Hakes
Human Resources Director
Quality Assurance Administrator
Aurora Community Services
406 Technology Drive E
Menomonie, WI 54751

Holly Hakes

From: Dave Barnard
To: 'sen.harsdorf@legis.state.wi.us'
Cc:
Subject: SB 57
Attachments:

Sent: Mon 3/10/2003 9:29 AM

Dear Senator Harsdorf-

My name is Dave Barnard. I am the CEO of Aurora Community Services based out of Menomonie and New Richmond. We have spoken before regarding community based services for individuals with disability. I feel compelled to contact you regarding SB57 that is being presented by Senator Zien. This bill is proposing the closing of Central center and moving those individuals to Northern and Southern Centers. I am asking that you consider bringing to this discussion the reality of what is really happening. This debate centers on the "economic" impact of Center employees losing their jobs. The major point that is missing in this debate is that what SB 57 really accomplishes is the continued internment of individuals with disabilities in the confines of institutional walls. It is time to bring those walls down, as ordered by President Bush through his full support of the Olmstead decision in 2001.

Senator Harsdorf, Aurora currently provides quality community based services to over 400 individuals in the community with an annual budget of \$17 million. Northern Center currently provides services to 174 individuals with a budget of \$29 million. We are a full service agency - nursing, personal care, vocational services and 24 hour residential services. These individuals can be served in the community at a savings to the taxpayer, while the individuals experience a dramatic increase in their quality of life. Truly a win-win situation. It would not take a major increase in funding from the state for community based service providers to afford to pay close to the wages that Center employees enjoy. The increase we would need would still be far below what is currently being spent at the Centers.

The old argument of "these individuals can't be served in the community" is simply a fallacy. We, and other providers like us, have proven time and time again that they can and are being successfully served right now in the community. Regarding the "safety" issue that gets thrown out at times - this too is a fallacy. There is no greater safety net than what the light of community living provides. When in the community the Bureau of Quality Assurance, Community Integration Specialists, County Case Managers, Guardians, Family Members, Advocacy Groups, Company Management and general community members are constantly monitoring the progress and life of an individual - all from different perspectives. I have consulted and worked in institutions and I can tell you that what goes on behind those closed doors many times gets covered up with a code of silence that the confines of the institution provides.

It is time for the institution walls to come down. There use to be nearly 6,000 disabled individuals living in the Centers - now there is under 1000. Every year, of our seventeen years of existence, we have heard Center staff say "you can't possibly serve these individuals in the community". Yet we continue to successfully assist individuals to live a quality life in their communities.

I would ask that you not support SB 57 and indeed work to eventually close all three of the Centers. By doing this the tax payers of Wisconsin win and more importantly the Wisconsin citizens currently confined to those centers will finally be given the opportunity to experience the freedom of full citizenship.

If you have any questions or would like to visit some of our residential settings to see the quality of life that is available to these individuals please contact me at your convenience. I would be happy to meet with you anytime. Thank you for your time and consideration.

Sincerely,

David A. Barnard - CEO
Aurora Community Services
406 Technology Dr. East,
Menomonie, WI 54751
715 235-1839
dbarnard@auroraservices.com



LUTHERAN SOCIAL SERVICES
OF WISCONSIN AND UPPER MICHIGAN

FAX

TO: Senator Carol Roessler

DATE: 3-11-03

Number of pages including cover sheet: _____

PHONE: 608-266-5300

FROM: Lutheran Social Services
of Wisconsin & Upper
Michigan, Inc.

FAX: 608-266-0423

CC: _____

NAME: Barb McRae

PHONE: (715) 833-0992

FAX: (715) 833-9466

REMARKS: Urgent For your review Reply ASAP Please Comment

Please submit as testimony
for SB 57 hearing today.
Thank You!

This telefaxed information is intended for the use of the individual or entity to which it is addressed and contains information that is CONFIDENTIAL. Furthermore, this information may be protected by Federal law relating to confidentiality (42 CFR Part 484.10 (d) prohibiting any further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via mail. Thank you.

March 11, 2003

TO: Wisconsin Senate Committee on Health, Children, Families and Long Term Care

FROM: Barbara McRae
421 W. Mac Arthur Avenue
Eau Claire, WI 54701

RE: SB 57

I am writing to express my opinion on the **proposed Senate Bill 57** that has been introduced to close Central Wisconsin Center, while keeping Northern and Southern Centers open. I have worked in the social service field for 19 years; 17 of those years I have worked with adults and children with developmental disabilities. Most of this time I have worked in Chippewa Falls and Eau Claire.

For 3 years I worked as a Case Manager for the Chippewa County Department of Human Services. During this time, I had individuals on my caseload that lived at Central Center and those who lived at Northern Center. In all of my experiences, **the individuals who lived at Central Center were far more medically involved and fragile than those living at Northern Center.** I was always impressed with the level of care and knowledge of the staff at Central. The medical team and research that was happening was unmatched. It is my belief that the location of Central Center and the proximity to the medical technologies are key for individuals they are serving. While Northern Center staff I observed provided good care, it was not the same medical care that is found at Central.

Since working as a Case Manager, I have worked the last 13 years for a not-for-profit agency that serves individuals in the community. **I have found that there are very few people that the community service providers cannot serve.** In my experience, there are many individuals with disabilities residing at Northern Center (and probably at the other centers) because their guardian and/or family members are against community placement. They are afraid due to horror stories they have heard and/or because of a lack of resources in their own communities.

It is important for all on your committee and in the senate to remember: people in Wisconsin are living unnecessarily in institutions! **We all fight to keep our parents or selves out of nursing homes because of the institution setting, and feeling like a number. Why are we not fighting to keep and take people out of institutions for the same reasons?** Individualized care in a natural setting is a must. People with disabilities are not able to sound their voices for themselves, therefore people like myself, who feel passionately about this issue must speak out against institutional care. I have worked with many families who have been afraid of making the change to the community for their loved one, but in each case, those same families have been so delighted by the changes that the person made in the community. I worked very closely with a mother who went to court to fight her daughter's community placement. At the first WATTS review after the placement, I sat with the mother who tearfully thanked us for her daughter's "new life". "I never knew it could be so good" she said.

I have talked to other parents whose hearts were aching when I suggested community placement. They loved their son or daughter, and yet had placed them in an institution at some point in time due to a lack of community services and support. For me to tell them their daughter or son could now live in the community was like telling them they hadn't done a good job as a parent. There are so many emotions wrapped up in this issue. Please don't be swayed by emotion. Do the right thing by closing Northern Center now. The timing is right; the census is low and the residents will be able to live in the community. It is time to close the doors and work together for the betterment of all people.

I would be very happy to explain my position further if you have questions. I can be reached at home by email: mcraepack@msn.com or by telephone (715)834-3619.

PLEASE submit my letter as testimony for the SB 57 hearing on March 11, 2003 at 1:00 pm.

Fordulac
Roesler - Rm 85

March 11, 2003

Reference: Senate Bill 57

Questions for legislators to answer.

1. Will you vote in favor of Senate Bill 57 ?

Yes No

2. Will you vote to override any veto of Senate Bill 57 ?

Yes No

3. Can we tell Rep. Jeff Wood and Sen. Dave Zien that you will co-sponsor Senate Bill 57 ?

Yes No

Legislator: _____ Date: _____

Northern Center
people dropped this
off for you to fill
out.

**State Centers for Persons with Developmental Disabilities
- COMPARATIVE DATA -**

CENTER CAPACITY

Number of occupied beds (current census)
 Number of usable un-occupied beds (that meet life safety codes)
 Daily cost of care, per person

CWC	NWC	SWC
353	169	263
58	18	60
\$465	\$522	\$444

DD LEVEL OF CARE: (means the person....)

DD1A: has a complex or unstable health condition
 DD1B: exhibits behaviors causing threat to self or others health, safety or welfare
 DD2: needs assistance with and learning basic ADL and social skills
 DD3: needs assistance with or learning social, leisure, and/or vocational skills

238	45	77
58	122	113
44	5	65
0	0	0

RELOCATIONS TO-DATE

Number of CIP1A relocations (since the inception of waiver in 1983)

253	474	377
-----	-----	-----

COST PROJECTIONS FOR COMMUNITY LIVING

Number of people whose cost is estimated below \$325
 Number of people whose cost is estimated above \$325

296	160	184
57	9	79

STAFFING

Total number of full-time equivalent staff

943	577	616
-----	-----	-----

COUNTIES

Total number of counties served at center
 Number of counties with 4 or less people served
 Number of counties with 5-25 people served
 Number of counties with more than 25 people served

58	52	22
40	39	14
16	13	6
2	0	2

LAND

approximate acreage

72 acres	344 acres	385 acres
----------	-----------	-----------

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NEWS

Need for state centers for developmentally disabled debated

10:51 PM 3/11/03

Brenda Ingersoll Wisconsin State Journal

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No one - no one at all - should have to live in an institution, a developmentally disabled woman said Tuesday.

"My dream is to close the three institutions (for the developmentally disabled) in Wisconsin and let people live freely in the community," Cynthia Bentley, 45, said. "They should be able to eat what they want and get up when they want. People with disabilities should not be put in places just to give people jobs. People need to be free. Even if they can't talk, they do have feelings."

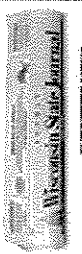
Bentley, born with fetal alcohol syndrome, lived at the Southern Wisconsin Center for the Developmentally Disabled in Union Grove from age 5 to 26. She has lived with assistance in her own apartment in suburban Milwaukee for 14 years, relishing her freedom and her cat, and works 20 hours a week at a "dream job." She works for People First, an advocacy organization for the developmentally disabled.

She spoke before testifying at a Senate committee hearing Tuesday on a proposal by Republican lawmakers to close the Central Wisconsin Center for the Developmentally Disabled in Madison. The Democratic governor, Jim Doyle, previously proposed closing the Northern Wisconsin Center, a smaller center in Chippewa Falls.

Since 1965, the federal government has reimbursed states for the cost of residential care for the disabled. Initially, that money could be used only for institutional care. But in 1983, Congress began allowing states to apply their Medicaid reimbursements toward community placements - small group homes or in-home care. Populations of the three state centers peaked at more than 3,000 more than 30 years ago. Since then, the state has relocated more than 2,000 center residents into communities. About 785 people live in the three centers.


Ten states have no state institutions, said Howard Mandeville, program adviser at the

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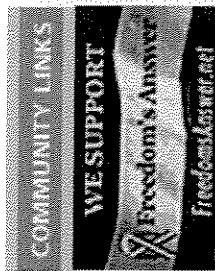
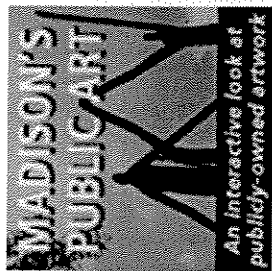
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Wisconsin Council on Developmental Disabilities. "I think Wisconsin has relied on institutions for a larger number of developmentally disabled people than other states," he said. "Many people are pleased with the governor's decision to close Northern Center." The council's position is that both the Northern and Southern centers should be closed within the next five years.

Dan Remick, 55, couldn't agree with Bentley more. He lived at the Southern Wisconsin Center for 10 years until 1966 and is glad to have his own apartment in Madison and a job. He also is president of People First. "They should close all three of the centers," he said.

"I feel strongly that people with disabilities need to live in the community and not live in an institution. That's not what we were born into. That's not what God wants. We're not animals. We are human beings," he said.

But Betty Eilbes, the mother of three developmentally disabled children, believes just as strongly that all three Wisconsin centers should remain open. Her adult daughters, Judy and Doris, live at Central Wisconsin Center. "Their mental age is 3 months old or less," she said. Judy is unable even to roll over by herself, Eilbes said. Doris is able to crawl.

"The majority of those left at Central Center need oodles and oodles of care. They can't do anything for themselves. They can't walk. We don't know where they expect to go with these people. North and South are not equipped to handle them."

Jim Malone, spokesman for the state Department of Health and Family Services, agreed. Northern Center has only 18 unoccupied beds that meet code, while Southern Center has only 60, he said. Malone said 238 of about 350 residents at Central Center are "medically fragile."

Ted Bunch, director of Central Wisconsin Center, described its population this way: 285 can't bathe themselves, 216 can't dress themselves, 258 can't feed themselves and 180 are fed by tube, 288 can't walk, 106 have limited or no vision, 265 have limited or no hearing, 314 must

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have help using a toilet, 264 are treated for seizures, nearly 100 have very fragile bones, and 54 have problems regulating their body temperature. Residents on average receive 16 doses daily of prescription medications.

"Most people have three or more of these circumstances. They could not live outside the institution without extensive support," Bunck said.

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Wisconsin Department of Administration
Division of Executive Budget and Finance

Fiscal Estimate - 2003 Session

Original Updated Corrected Supplemental

LRB Number **03-2115/1** Introduction Number **SB-57**

Subject
Sale of Central Center for the Developmentally Disabled

Fiscal Effect

State:

No State Fiscal Effect
 Indeterminate
 Increase Existing Appropriations Increase Existing Revenues
 Decrease Existing Appropriations Decrease Existing Revenues
 Create New Appropriations

Increase Costs - May be possible to absorb within agency's budget
 Yes No
 Decrease Costs

Local:

No Local Government Costs
 Indeterminate

1. Increase Costs 3. Increase Revenue
 Permissive Mandatory Permissive Mandatory

2. Decrease Costs 4. Decrease Revenue
 Permissive Mandatory Permissive Mandatory

5. Types of Local Government Units Affected
 Towns Village Cities
 Counties Others
 School Districts WTCS Districts

Fund Sources Affected **Affected Ch. 20 Appropriations**

GPR FED PRO PRS SEG SEGS

Agency/Prepared By DHFS/ Cindy Daggett (608) 266-5380	Authorized Signature <i>Cianc 7/11/03</i>	Date 3/11/2003
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Fiscal Estimate Narratives
DHFS 3/11/2003

LRB Number 03-2115/1	Introduction Number SB-57	Estimate Type Original
Subject		
Sale of Central Center for the Developmentally Disabled		

Assumptions Used in Arriving at Fiscal Estimate

Central Wisconsin Center Residents

There are currently 353 residents at CWC. Under this bill, the 353 residents would have to be placed in the community under the Community Integration Program waiver (CIP 1A) or be transferred to another Center. CWC is currently the only Center that is authorized to provide services to persons under the age of 22, including children. This bill would allow placement of persons under age 22 at either Northern or Southern Center.

Of the 353 residents at CWC, 238 or 67% are at the DD1A level of care. These individuals require the highest level of care, due to fragile and unstable medical conditions. In September 2002, the Department evaluated the type of care required by residents at CWC. Findings were as follows: 288 were non-ambulatory, 180 had to be tube fed, 106 had limited or no vision and 265 had limited or no hearing. In addition, 258 were totally dependent on others for eating their meals, 314 were totally dependent on others to use the toilet, and 285 were totally dependent on others for bathing. The medical condition of most CWC residents is fragile and requires significant oversight. 91 individuals have a history of fractures or very fragile bones, necessitating very careful lifting and transfer protocols, 63 receive regular respiratory therapy several times a day, 25 have tracheostomies, and 264 individuals are being treated for seizures. Residents range in age from 2 to 88, with the average age being 39.

Community Placements of Central Wisconsin Center Residents

Placement Cost (Medicaid Waiver and Medicaid Card Costs) \$3,199,000 AF in FY04 and \$9,298,700 AF in FY05 and Ongoing

Placement/Transition Staff \$131,900 AF in FY04

Ongoing Oversight Staff \$163,200 AF in FY04 and \$191,800 AF in FY05 and Ongoing

The Department assesses the needs and capacities of individuals residing at the Centers and determines the daily rate that would be required to place the individual in the community. The current community placement rate is \$225/day. This rate is not considered to be sufficient for the living arrangements required by most Central residents because of the complex needs of these individuals. The Governor's budget proposes a placement rate of \$325 per day. Most current residents of CWC would require a waiver rate of \$325/day to find adequate placement in the community. In addition to the daily waiver rate, community-based individuals use Medicaid card services, which on average cost \$38.94 per day. Therefore, total community placement cost is \$363.94 per day.

To place an individual in the community, that person's guardian must approve the placement, and an adequate community facility must be found that will provide the level of care required within available funds. There is currently not enough community capacity to enable all CWC residents to be placed in the community, given the level of care that most residents require. Residents will likely be moved to their county of origin, and it is likely that many counties will not be able to provide the specialized medical services required by former CWC residents immediately. It will take several years to develop such capacity, but this bill requires that CWC be closed by June 2004.

As a result, it is estimated that 70 residents, or 21%, will have guardian approval to transfer and will find appropriate living situations by June 2004, if the placement rate increases to \$325. Under the bill, CWC would retain 30 short-term medical and Intensive Treatment Program (ITP) beds. The remaining 253 residents would have to be transferred to either Northern or Southern Center. However, only 40 beds would be available at NWC and 70 at SWC, leaving 143 residents with no bed.

Transfer of Residents to Northern and Southern Wisconsin Centers

Increased Costs at NWC and SWC \$42,559,600 AF in FY05 and Ongoing
Offset by staff consolidation savings of (\$235,700) AF in FY05 and Ongoing
Unemployment to CWC Staff \$2,948,900 AF in FY05 (one-time)
Transfer Reimbursement to CWC Staff who Transfer to SWC or NWC \$770,100 (one-time)

Construct Capacity to serve all
100,000 per bed
14.3 mil
25% loan
50M
ANNUAL PAYROLL
3/11/03

Construction Costs for increased capacity \$14,300,000; assuming 25-year loan, annual payments would equal \$906,000

Residents who cannot be placed in the community will have to be transferred to Northern or Southern Centers. There is, however, limited capacity at these Centers for long-term bed expansion.

Of the total number of residents at CWC 288, or 82%, are considered non-mobile and non-ambulatory. These residents require customized seating and positioning, enlarged patient rooms because of special equipment, and special bathing and toileting facilities.

Northern Wisconsin Center has 18 beds that could be used for non-ambulatory residents without additional remodeling. An additional 22 beds are expected to be freed up as 22 NWC residents are placed in the community at the \$325/day rate in FY 04. A total of 40 beds would be available without remodeling at NWC for Central Center resident transfers.

Southern Center has 60 beds that would be available for CWC resident transfers. An additional 10 beds would become available in FY 04 as 10 residents of SWC are placed in the community and CWC residents are transferred to the vacant beds. A total of 70 beds would become available at SWC for Central Center resident transfers.

In order to place the remaining 143 residents of CWC at either Northern or Southern Center, new buildings would have to be constructed. Unoccupied units at NWC and SWC tend to be older buildings (especially at NWC) which would not meet current safety codes and are not suitable for non-ambulatory patients. The buildings have been unoccupied, unheated, and without maintenance for a number of years and are not designed for residential living. The cost of remodeling would be higher than the cost of building new buildings, because of the need to meet safety codes, requirements for the type of building material to be used, and the need to design "home-like" residential living spaces. Current buildings could not be remodeled in the one-year time frame specified in this bill. The construction of new buildings could also not be completed by the end of FY 04.

The current cost of constructing a nursing home bed ranges from between \$85,000 and \$130,000 per bed. This estimate assumes that a new bed will cost \$100,000, for a total cost of \$14,300,000 to construct 143 beds. The federal government will not pay for capital construction costs. Assuming a 25-year loan for the construction costs, the annual payment is \$906,000. However, Medicaid will pay for depreciation and interest on construction, and it is estimated that these payments will come to \$980,000 annually.

In addition to the direct care staff who will provide services to individuals transferring to Northern or Southern Centers, educational staff will have to be provided to the Center that serves the children from CWC. It is assumed that the education staff from CWC will transfer to the Center receiving children. That staff is 1.0 Education Director, 16.5 Teacher positions and 3.0 Teacher Assistant positions at an annual cost of \$1,549,400 AF to continue to provide educational services to children.

Neither NWC nor SWC has enough medical staff to provide the extensive services required by CWC residents. To provide these services, the 72.38 current medical staff positions at Central would have to transfer to Northern or Southern as CWC residents transfer.

It is assumed that of the 1,053.87 FTE authorized at CWC for FY 05, 142 FTE added to CWC due to the significant downsizing of NWC would be unneeded and deleted, 105 would be deleted to offset the cost of CIP placements made in FY 04, 63.5 FTE would remain at CWC to provide alternative services, the Intensive Treatment Program and the short-term medical program, and 43.24 would terminate employment with the state or transfer to existing openings in the Madison area. It is further assumed that 700.13 staff would be offered the opportunity to transfer to either NWC or SWC and that half would accept the transfer. For those employees who accept the transfer, the state would provide transfer reimbursement to each employee at a rate of \$2,200 each, for a total of \$770,100 AF. It is assumed that the half of employees not accepting the transfer and those 66 staff who are not offered transfer would collect unemployment compensation at the rate of \$324 per week for 26 weeks at a cost of \$2,948,900 AF.

Land and Tangible Personal Property

Value of Tangible Personal Property Potentially Available for Sale \$2,244,300

The sale price of the land and buildings at Central Wisconsin Center is unknown, because no real estate appraisal has been done. In the most recent sale of land at Mendota Mental Health Institute, which is adjoining to Central Wisconsin Center, the sale price per acre was \$31,500. Since the ITP and medical units will continue to be located at CWC, not all of the land could be sold.

The value of tangible personal property is estimated to be \$11,221,300. However, since only 20% of the CWC population is transferring to the community in FY04, only 20% of the value of that property, \$2,244,300, would potentially be available for sale. However, \$2,244,300 may overstate the resale proceeds due to the fact that a portion of the equipment is specialized. The remaining 80% of property would need to be transferred to either NWC, SWC or retained at CWC for the provision of alternative services.

Alternative Services Provided at Central Wisconsin Center

CWC will continue to operate a 15-bed short-term medical unit and a 15-bed intensive treatment unit, which are allowed under the bill as alternative services. The units will provide short-term medical, psychological and therapeutic services and orthotics. Counties are charged the non-federal Medical Assistance share for the ITP beds, or approximately 40% of the total cost of the beds.

The attached table summarizes the costs and savings of the provisions specified in this bill.

Long-Range Fiscal Implications

	<u>FY04 GPR</u>	<u>FY04 FED</u>	<u>FY04 Total</u>	<u>FY04 GPR-Earned</u>	<u>FY04 SEG-REV</u>
Total MA Effect of Closing CWC in FY04	-\$141,900	-\$232,400	-\$374,300	-\$374,300	-\$511,500
<u>FY04 Effect on General Fund</u>					
MA Savings	-\$141,900				
Loss of GPR Earned Revenue	\$374,300				
Loss of Bed Tax (SEG) Revenue	\$511,500				
Cost to General Fund	\$743,900				
Loan for Construction Cost	\$906,000				
Sale of Tangible Personal Property					
Total	\$1,649,900				

GPR

	<u>FY05 GPR</u>	<u>FY05 FED</u>	<u>FY05 Total</u>	<u>FY05 GPR-Earned</u>	<u>FY05 SEG-REV</u>
Total MA Effect of Closing CWC in FY04	\$1,473,400	\$2,027,500	\$3,500,900	\$46,910	-\$231,900
<u>FY04 Effect on General Fund</u>					
MA Savings	\$1,473,400				
Loss of GPR Earned Revenue	\$46,900				
Loss of Bed Tax (SEG) Revenue	<u>\$231,900</u>				
Cost to General Fund	\$1,752,200				
Loan for Construction Cost	\$906,000				
Sale of Tangible Personal Property	<u>-\$2,244,300</u>				
Total	\$413,900				

WPR
2/m & GPR